

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MD-601 - Montgomery County CoC

1A-2. Collaborative Applicant Name: Montgomery County Maryland

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Montgomery County Maryland

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
N/A	Not Applicable	No

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

The CoC is open to all organizations and persons that have knowledge of and/or an interest in preventing and ending homelessness and solicits input from members. In addition to the Interagency Commission on Homelessness (ICH), the CoC Governing Board, the CoC has five standing committees: Operations, Performance Review, Communications, Resource Development and Strategic Planning to guide its work. The CoC solicits input and considers input through these committees and from issue specific workgroups. Community-wide meetings, held twice a year, are open to the public and provide a forum for sharing information and soliciting feedback. Input from public meetings is used to inform the work of committees and workgroups. The CoC also uses online surveys to solicit feedback to assure input from CoC members who may not be able to attend in-person meetings. Notification of meetings is made via email to the CoC membership, announced at CoC meetings and posted on the CoC website.

How input is solicited and opinions are considered is illustrated by the work the CoC has undertaken over the past year to improve the CoC coordinated entry system and align it with HUD requirements. The Interagency Commission on Homelessness approved the CoC's coordinated entry policy but the Operations committee led this process. As part of this work, the Operations committee convened stakeholder sessions to elicit feedback from all providers on eligibility standards and process flow as well as from persons with lived experience to assure the system was person-centered. This feedback led to clarification on documentation requirements for chronic homelessness and reduced barriers to entry for families. The full CoC was also consulted at a community-wide meeting for input on how to communicate this information to persons in need of assistance, providers and the broader community.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

The CoC has an open invitation process and new members can join at any time. To join interested persons/groups complete an application and submit it to

the CoC Coordinator. Information on how to apply for membership is posted on the CoC website. Once a year, a formal solicitation occurs for new members. There is no membership fee to join the CoC. This year, outreach was conducted to reach stakeholders not formally involved in the CoC including DV providers; recovery homes and substance use treatment facilities; healthcare providers including hospital emergency room staff, primary care clinics, and community-based health services; and organizations providing a variety of youth services. Special outreach is conducted to assure participation of those with lived experience of homelessness to serve on the various committees of the Interagency Commission on Homelessness and as a standing member of the governing board. Focus groups were conducted with people in the homeless Continuum to inform policies and practices.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

The CoC funding opportunity was announced via email to the full CoC and was posted on the CoC website on July 11, 2018. An information session was held on July 20, 2018 to review funding priorities, application requirements, scoring criteria, priority populations and timelines. This session was open to the public and application requirements clearly indicated that project applications would be accepted from any eligible entity, even those who had not previously received CoC funds. Participation in the information session was possible both in-person and via a webinar. Information presented at this meeting was also posted on the CoC website on July 20, 2018.

Interested entities were required to submit a letter of intent indicating their interest in applying for funding by July 27, 2018 and proposals were due no later than 5pm on August 16, 2018. To be complete an applicant needed to submit a pdf version of the HUD project application together with a Housing First addendum developed by the CoC. All information regarding project application requirements, application materials, scoring criteria and timelines was posted on the CoC website and disseminated via email.

All new project applications, regardless of previous funding history, that were submitted in accordance with MD-601 CoC competition deadlines by an eligible entity for an eligible project were included in the competition process. The Allocation Committee used a standard scoring tool to review & rank projects based on HUD threshold requirements, priority to the CoC, organizational capacity, quality of project description, use of Housing First model, and cost reasonableness.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Not Applicable
Private Foundations	No
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

Montgomery County (MC) is the primary source of ESG funds in the MD-601 geographic area. As both the CoC Collaborative Applicant & the administering entity for ESG funds, the MC Dept of Health & Human Services (DHHS) assures CoC input in the planning & allocation of funds. The CoC Governing

Board, of which Montgomery County is a member, identifies needs based on a review of the CoC's strategic plan, a gaps analysis developed by the CoC that incorporated Point-in-Time, Housing Inventory Chart and other local data and recommends how to best use local ESG funds. In addition, DHHS is also a member of the Maryland Interagency Council on Homelessness (MD ICH). The MD ICH identifies gaps and needs for the State of Maryland & provides input as to how Maryland ESG funds should be allocated.

DHHS collaborates with the Montgomery County Dept. of Housing & Community Affairs (DHCA), who develops the local Consolidated Plan. DHHS provides PIT & HIC data, identifies needs in the homeless system, & helps draft the plan. DHHS also provides PIT & HIC data to the Maryland ICH which is used to determine need and inform the State's consolidated plan.

The CoC Performance Review committee develops performance outcomes for the CoC and reviews performance for all providers in the CoC geographic area, including ESG funded providers. The committee reviews HMIS data to assess performance regularly and reports out on findings.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

The CoC embraces a person-centered, housing focused approach in all programs, services and policies. To address the safety needs of victims of domestic violence, dating violence, sexual assault and stalking, the CoC has developed an emergency transfer plan that allows tenants request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. Transfers are considered for victims of domestic violence where

there is imminent threat of further harm should the tenant remain in his/her current housing and for tenants who have experienced sexual assault where the assault occurred in his/her dwelling unit within the previous 90 days of the request. The CoC works to honor transfer requests for tenants currently receiving assistance; however, availability may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the CoC has another dwelling unit that is available and safe to offer the tenant for temporary or permanent occupancy.

Whenever possible, an emergency transfer will occur within the tenant's current CoC program. If this is not possible, the program can present the emergency transfer request to the Coordinated Entry staff to transfer the tenant to another program. Tenants are offered choice in location and program to the extent possible based on their service needs as well as availability. All emergency transfer requests are kept confidential and only shared on a need to know basis. The CoC recognizes that sharing victim information is a safety risk and should be avoided.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

All CoC housing and service providers are required to provide annual training to their staff on trauma-informed care and best practices. In addition, CoC Coordinated Entry staff are trained annually on the CoC emergency transfer plan, best practices in serving survivors, and ensuring safety for all CoC clients.

On June 13, 2018 the Department of Health and Human Services held a community-wide training entitled, "Understanding the Impact of Trauma and Creatively Working to Enhance Safety and Stability". The trainer Lisa Ferentz, LCSW-C, DAPA is a trauma specialist from the Ferentz Institute. Members of the CoC and Coordinated Entry staff were in attendance. This training addressed best practices for serving people who have experienced trauma including survivors of domestic violence, dating violence, sexual assault, and stalking.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC uses data provided by the Montgomery County Victim Advisory Commission and from the Betty Ann Kranke Center (BAK), the County's domestic violence shelter, to assess community needs related to domestic violence, dating violence and stalking. This includes summary data on the total number of households served in domestic violence shelter, average length of stay in shelter and exit destination. During the fiscal year 2018 (July-June), 231 households including 498 individuals were served by the domestic violence shelter. Households averaged 33 days in shelter with 70% exiting with 60 days

of admission. Of those exiting, 15% exited to a permanent housing destination, 22% exited to family/friends, and 3% returned to their abuser.

To better assess the needs of persons experiencing domestic violence the CoC, in partnership with BAK, has developed a comparable database to collect personally identifiable information (PII) including name, age, gender, race and ethnicity as well as any other information that could disclose a person's location. All PII data is kept confidential and is not entered in the CoC HMIS system. Using unique client identification numbers for persons served at BAK, data on project start date and end date is entered into HMIS in an isolated data structure that is not accessible to other CoC projects. This enables the CoC to include this client data in CoC-wide summary reports and will allow for full inclusion of domestic violence project participants in the Coordinated Entry System.

**1C-4. DV Bonus Projects. Is your CoC No
applying for DV Bonus Projects?**

**1C-5. PHAs within CoC. Applicants must use the chart to provide
information about each Public Housing Agency (PHA) in the CoC's
geographic areas:**

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Opportunities Commission	8.90%	Yes-HCV	Yes
Rockville Housing Enterprises	0.00%	No	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)**

Montgomery County as the Collaborative Applicant has met with Rockville

Housing Enterprises (RHE) to discuss the possibility of creating a homeless admission preference and to invite RHE to become more engaged in CoC activities. RHE is not able to implement a preference at this time but is open to exploring this option. As a first step, RHE will work to improve data collection on housing status of applicants.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

**Move On strategy description.
(limit 2,000 characters)**

MD-601 has developed a Move On strategy to enable households who may be in need of ongoing rental support but no longer need supportive services to transition from PSH to affordable housing options. The CoC has partnered with the Housing Opportunities Commission (HOC), the local public housing authority, as well as affordable housing providers including Montgomery Housing Partnerships and Housing Unlimited to create a bridge for households ready to transition from PSH. HOC has set aside 10 federally-funded housing choice vouchers for families and an additional 15 locally-funded rental subsidies for this purpose. In addition, Montgomery Housing Partnership has dedicated five units and Housing Unlimited has dedicated six beds for this purpose.

The Move On initiative is being implemented by the Montgomery County Dept of Health and Human Services (MCDHHS), which also oversees the CoC Coordinated Entry system. Households in PSH ready to transition are identified through the use of the Montgomery County Acuity Scale, which is captured in HMIS. This standardized assessment evaluates household functioning and risk factors on a range of psychosocial factors to determine the need for supportive services. Those households scoring in the Low Acuity range may be referred to the Move On initiative and offered the opportunity to transition from their current PSH program. Most households selected are able to transition in place but for those who must move, financial assistance is available from MCDHHS to assist with security deposit and/or moving expenses.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)**

A CoC-wide Equal Access protocol was approved on April 21, 2014 that prohibits discrimination & provides guidance for meeting the needs of LGBT persons/families. Shelters are required to have policies & procedures to assure equal access and protect privacy. Posters are displayed at all sites that state "At

this shelter, we seek to provide a welcoming and safe environment where all people are respected. For this reason, we do not discriminate nor, can we tolerate discriminatory behavior toward anyone on the basis of race, ethnicity, national origin, religion, sexual orientation, gender identity or expression, physical or mental disability, age, or physical appearance.” Shelter & housing protocols include providing LGBT persons their own room, if possible, a separate shower/bathroom, and with new construction, shared bathrooms have an identified stall with full coverage for privacy. The CoC’s Coordinated Entry Policy ensures that all providers have anti-discriminatory policies and eligibility criteria is minimal so that LGBT individuals and their families are not denied services.

This year, the CoC conducted focus groups with youth experiencing homelessness to better determine their unique needs. Based on national statistics, we know that LGBT youth disproportionately experience homelessness and the CoC is exploring how the current system can better accommodate their needs as well as identifying gaps in the system. The CoC has received local funding for the development of a homeless youth drop-in center that will specifically serve LGBT youth. The program is expected to open in early 2019.

The CoC conducted annual training on Equal Access and how to implement Equal Access in December 2017 as part of the community-wide effort to implement a Coordinated Entry Policy in accordance with HUD guidelines.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>

No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

The CoC has parallel Coordinated Entry Systems (CES) for single adults and families. Both cover the entire geographic region and can be accessed 24-7. The CES for single adults offers multiple access points throughout the CoC in order to reach people experiencing homelessness wherever they are including emergency shelter, street outreach, transitional housing, meal programs, hospitals, behavioral health providers and treatment facilities, and DV providers. The CES for families is more centralized with access points at the Department of Health & Human Services (DHHS) three regional service centers and the County's 24-7 Crisis Center. DHHS offices are located up-county, mid-county, and down-county and are convenient to all families experiencing homelessness. If a household identified by the community is unable to access the CES office locations, trained CES staff can conduct assessments in the community. Through outreach and multiple access points, the CES reaches people least likely to apply for assistance. Street outreach and meal programs reach individuals that are disengaged from services by offering low barrier access to assessment and assistance. The family CES offices are co-located with DHHS mainstream benefit programs (TANF, SNAP, etc.) and all mainstream benefit workers conduct a "screening for other needs" to identify households experiencing homelessness who may not be requesting access to shelter services.

Both the single adult and family CES use the VI-SPDAT/Family VI-SPDAT as well as the Montgomery County Acuity Scale to prioritize households for services and housing. For all populations, the CoC prioritizes Veterans first, then those experiencing chronic homelessness. If the household is not in a priority population, people are prioritized based on vulnerability and then length of time homeless. The CES team meets weekly for families and bi-weekly for single adults to ensure assistance is provided in a timely manner.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

The CoC considered severity of needs & vulnerabilities during the project prioritization process. Projects were scored by the Allocation Committee using standardized criteria, with thirty percent of points awarded based on the severity of needs & vulnerabilities of person to be served. Projects that clearly described how they will serve participants with low/no income, criminal history and/or poor credit in alignment with Housing First principals received a higher score. Points also were awarded to those projects that did not require households to participate in services nor terminate project participants failing to make progress on goals. Additionally, project applicants that clearly described any special populations served, such as veterans, domestic violence or abuse, significant physical/behavioral health issues and not receiving treatment, LGBTQ status, unaccompanied youth, families with children & persons with disabilities also received higher points. The Allocation Committee ranked and prioritized projects based on project applicant score and the system needs of the CoC.

- 1E-3. Public Postings. Applicants must indicate how the CoC made public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)

Although the CoC has not reallocated 20% of its funding between 2014 and 2018, the CoC actively monitors performance and assesses the needs of the community to determine whether to reallocate funds from low performing projects and/or to reallocate projects that are no longer needed. This has led to a transition away from the use of CoC funds for transitional housing and safe havens in order to increase the supply of PSH and RRH.

The CoC Performance Review Committee sets baseline standards for project performance and reviews performance measures. In addition, the Montgomery County DHHS conducts annual site visits to monitor performance and collects data using a standard form to review case records as well as policies and procedures to document compliance. DHHS program monitors also review

HMIS data to verify utilization & length of stay.

CoC project performance is reviewed annually for alignment with CoC priorities, fidelity to Housing First philosophy, previous CoC Application rankings, performance measures and financial stewardship. If a project is identified as being low performing by scoring poorly during the CoC competition, has unsatisfactory project performance measures, and/or has a pattern of under expenditures, the project will be considered for reallocation. A project may also be considered for reallocation if a determination is made based on review of the CoC's gaps analysis, project cost effectiveness, PIT and HIC data that a shift in resources is needed in order to best support the CoC's strategies to end and prevent homelessness.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
(2) rejected or reduced project application(s)—attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: Governance Charter - CoC roles page 1-3;HMIS role page 9 and page 11-13
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Mediware

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	283	59	224	100.00%
Safe Haven (SH) beds	34	0	34	100.00%
Transitional Housing (TH) beds	170	20	150	100.00%
Rapid Re-Housing (RRH) beds	289	0	289	100.00%
Permanent Supportive Housing (PSH) beds	2,042	0	1,922	94.12%
Other Permanent Housing (OPH) beds	201	0	201	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

N/A

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

**2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 04/30/2018

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/24/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)**

The CoC conducted the sheltered PIT count using two different methods this year to improve accuracy and data quality. New this year, the CoC developed a sub-assessment in its Homeless Management Information System (HMIS) to capture demographic information for all persons who were placed in a bed on the night of the count. In addition, a paper survey was also used on the night of the PIT for all new admissions who were not already entered in HMIS. Any information captured using the paper survey was then subsequently entered into HMIS. The use of the HMIS sub-assessment improved data accuracy, reduced duplication, and facilitated data analysis. There were no other significant changes in the CoC's sheltered PIT count implementation.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Yes
Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable.

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

The 2018 Unsheltered PIT count implementation changed in a few significant ways from the 2017 count. The first major change was the time the count was conducted. Historically the count has been conducted from 9PM – 1 AM but this year the count was conducted from 11PM – 3 AM. This change in time was based on feedback from outreach providers that individuals experiencing homelessness are often not bedded down at 9PM. The second major change to the unsheltered PIT methodology was related to guidance on how to capture individuals who refused to respond to the survey. Volunteers were instructed to collect information on individuals they suspected were homeless even if they refused to answer any questions. This type of observational count had not been conducted as part of prior PIT counts.

These changes in methodology likely contributed to a slight increase in the unsheltered PIT count from 126 persons in 2017 to 133 persons in 2018. This increase would likely have been greater had it not been for the CoC’s efforts to end chronic homelessness as those experiencing chronic homelessness are more likely to be unsheltered. The PIT showed a decrease in chronic homelessness of 30%.

2C-5. Identifying Youth Experiencing No
Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

2C-6. 2018 PIT Implementation. Applicants must describe actions the

CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

The CoC conducts quarterly outreach “blitz” counts to identify new and potential “hotspots” where unsheltered individuals may be located. The “blitz” counts happen over a 2-night period in between the hours of 11PM and 5 AM. In addition to counting individuals experiencing homelessness, outreach providers and “blitz” volunteers collect information on individuals and families experiencing homelessness by conducting a brief survey. This survey is used to identify individuals and families that may be chronic or Veterans. Any client who is confirmed as either chronic or Veteran is added to the CoC By-Name-List. The information gleaned on hotspots is used to inform outreach efforts on the night of PIT count. In addition, these blitz counts create opportunities to engage hard to reach chronically homeless individuals and families, which increases the likelihood that they participate in the annual PIT count. Prior to the PIT count, the CoC also engaged multiple stakeholders including homeless services providers, the police, fire and rescue, hospitals, and people experiencing homelessness to better identify both individuals and homeless encampments.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	1,574
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

The CoC uses HMIS data to determine risk factors for persons experiencing homelessness for the first time including both demographic data and precipitating factors. Prevention providers including the Montgomery County Dept of Health and Human Services (DHHS) & Emergency Assistance Coalition (EAC) provider agencies also provide feedback about emerging trends based on their work with at-risk households.

As part of the Coordinated Entry System, DHHS is the primary point of contact for residents at risk of homelessness and operates three sites throughout the CoC where individuals and families can apply for emergency housing assistance. DHHS assesses need and coordinates provision of a network of assistance including emergency financial assistance & case management to help households retain housing or obtain new housing. Other diversion efforts include mediating family disputes, one-time grants to offset costs to family/friends with whom they can stay, relocation assistance to help households obtain housing out of the area as well as linkages to mainstream benefits, employment, & behavioral health/health resources to reduce risk.

Partnerships with the schools, EAC providers, local hospitals, & other providers help identify those at risk. Households with repeated housing instability and high vulnerability can receive short to medium term case management to address barriers.

The Montgomery County Department of Health and Human Services is responsible for overseeing this strategy.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The average length of time homeless for persons in ES, SH and TH in 2017 was 124 days, a decrease of 20% (N=20 days) over 2016. To reduce length-of-time homeless (LOT) the CoC prioritizes persons who are chronically homeless, have the highest service needs & longest LOT for housing. HMIS is used to identify persons with the longest time homeless and refer them to housing through the CoC coordinated entry system.

The CoC has also focused efforts on more quickly connecting persons experiencing homelessness to housing by the addition of a Housing Coordinator who coordinates CoC-wide housing location activities and cultivates landlords willing to accept those with criminal history, poor credit and history of housing instability. Lease-up events that bring together persons referred to PSH with landlords who have vacancies have led to multiple lease signings in a single day. Additionally, local funding has made it possible to increase the number of Housing Locators who can assist persons to navigate the application and lease up process and shorten the time for housing search.

Additional strategies to reduce length-of-time homeless include use of an integrated team process to help households with multiple needs to address barriers to housing and provision of financial assistance for rental arrears, security deposits/first month rent. The CoC also continues to increase the supply of RRH & PSH beds for those who need supportive housing to exit homelessness. To monitor the success of these activities, the CoC has begun tracking the length of time from referral for CoC housing to move in.

The Montgomery County Dept of Health and Human Services is responsible for overseeing this strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	36%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.

98%

3A-3a. Applicants must:

**(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

MD-601 uses several strategies to increase the rate at which persons/families exit ES, TH, SH and RRH to permanent housing destinations. The CoC's Coordinated Entry system uses a standard assessment tool to match persons to the right housing option and to prioritize those most in need for housing thereby improving exits to housing. The Montgomery County DHHS Housing Coordinator cultivates landlords open to renting to persons experiencing homelessness and tracks openings. The Housing Coordinator also convenes Housing Locators from across the CoC to coordinate efforts, discuss best practices and share resources.

Housing Locators work with individuals/families to connect them to housing and help them navigate the leasing process. A key component of this process is incorporating client choice during the housing search to improve acceptance. In addition, CoC providers connect individuals to employment and mainstream cash benefits including SSI, SSDI, TANF, SNAP and others to help increase income needed to afford housing costs. The CoC has also continued to increase the supply of PSH and RRH beds to provide expanded housing options.

MD-601's rate of successful PH exits/retention for permanent housing other than RRH was 98% in FY2017. This continued high retention rate is supported by the CoC's Coordinated Entry System that matches individuals to the best housing intervention; a tiered PSH case management strategy that bases the level of support on acuity of needs; continued use of housing location services; and a CoC Housing Coordinator who oversees landlord recruitment and retention. In addition, the CoC through its written standards is working to refine CoC program termination policies to reduce termination for non-compliance with services and increase rehousing of households who may not be successful in their current housing option.

The Montgomery County Department of Health and Human Services is responsible for overseeing implementation of these strategies.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX

Percentage

6%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
 - (2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.**
- (limit 2,000 characters)**

The CoC uses HMIS data to track destination and reasons for exits from CoC permanent housing and as well to track returns to homelessness by person and by program type. In FY17, the highest rate of return to homelessness within 12 months was for those exiting from Street Outreach (41%) and Safe Havens (17%), two groups who experience significant challenges to maintaining housing. Over the next year the CoC plans to enhance HMIS reporting capacity to delve more deeply into factors that may contribute to returns including race/ethnicity, income, and other demographic factors.

Strategies to reduce returns to homelessness include refinement of CoC provider termination policies to reduce program termination for noncompliance and/or unsuccessful housing placements; implementation of a coordinated entry protocol for transferring households among PH programs to better meet participants needs to prevent returns; increased use of the MC Acuity Scale to assure provision of the right intensity of case management services to promote housing stability; and continued use of the CoC coordinated entry process including a common assessment tool to assure people are referred to the right housing option.

For those at imminent risk of return to homelessness additional strategies include short-term case management and emergency financial assistance; links to family/friends with whom persons can stay; and referrals to the County shallow rent subsidy program to prevent return. The CoC will also continue to use an intensive team model to help those with high housing instability access supports across systems to stabilize housing.

The Montgomery County Department of Health and Human Services is responsible for overseeing implementation of these strategies.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**
 - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - (3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

All CoC providers screen persons for mainstream benefits such as TANF, SNAP, state Temporary Disability Assistance Payments, SSI, SSDI, Home

Energy Assistance and other non-employment cash assistance to maximize income and benefits. CoC project case managers are trained to assist with benefit applications & help obtain needed documentation. Outreach, Safe Haven and emergency shelter staff are SOAR trained. In addition, CoC programs link participants to vocational programs including Career Catchers, Catholic Charities JOBS, Interfaith Works Empowerment Center, supportive employment, and other programs that assist with job readiness, search and placement.

The CoC works with mainstream employment groups such as WorkSource Montgomery, Cornerstone Montgomery, DORS, & ResCare to help homeless persons increase income. WorkSource Montgomery operates the American Jobs Centers which provide help with job search, resume writing, referrals to training programs & work readiness training. In addition, WorkSource Montgomery provides specialized help to youth & persons with criminal history to obtain employment. Cornerstone Montgomery & DORS provide assessment, work readiness training, supportive employment, & placement services to persons with disabilities. ResCare, the area's Welfare to Work agency, provides job readiness, workforce experience, employment coaching, & job search assistance to families receiving TANF benefits.

The CoC Adult & Family Provider teams, which meet bi-monthly, provide a forum to train providers & provide information. In addition, CoC provider staff are able to attend training about mainstream benefits and programs offered by the Montgomery County Department of Health and Human Services Center for Continuous Learning.

The Montgomery County Department of Health and Human Services oversees the CoC's strategy for increasing income/benefits.

3A-6. System Performance Measures Data 05/31/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:

- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
- (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	543
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
Total	543

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

Montgomery County DHHS oversees the CoC's strategy to rehouse families within 30 days. To do so, the CoC has revamped its coordinated entry intake process to focus on diversion efforts that quickly connect families who have lost housing to new housing in order to prevent shelter admission & rapidly rehouse them. Diversion assistance includes housing location help & financial assistance to obtain new housing; mediation with family/friends; relocation assistance; and case management to link families to mainstream benefits and employment to increase income. When diversion is not successful, shelter programs provide housing location help and case management that links homeless families to mainstream benefits & employment. Families assessed with multiple needs & high barriers are referred for a CoC intensive team meeting to coordinate planning & access to supports across systems. One-time financial assistance for deposits, first month rent or relocation costs also help families exit homelessness.

The CoC coordinated entry system uses a standard assessment tool to prioritize and quickly refer homeless families to the right housing option. The CoC considers RRH an effective tool for rehousing families and expanded units by 62% in 2017 with a further expansion of 20 households planned this year. Families in RRH receive case management including budgeting assistance; connection to mainstream benefits and employment to increase income; and linkages to educational, behavioral health and physical health services that are needed to sustain housing when assistance ends. Families are also assisted to register for PHA waiting lists. Those who lack resources to maintain housing at program end are connected to the CoC locally-funded shallow rent subsidy program and/or are provided financial assistance to locate a more affordable unit. Emergency financial assistance is also available for those who are at-risk of loss of housing.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>
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3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The CoC's strategy to increase housing and services for youth starts with an effort to more accurately count the number of youth experiencing homelessness. The CoC recognizes that youth may not engage in traditional homeless services and reaching them requires peer engagement. For this reason, the CoC joined the Maryland Youth REACH (Reach out, Engage, Assist, & Count to end Homelessness) which is Maryland's effort to better understand the number, characteristics, and needs of youth and young adults who are on their own and struggling with housing to improve the ways the CoC can help. The second part of the strategy to increase resources for youth was the creation of a youth advisory group (YAG) to provide feedback on the services and housing needed. The YAG has identified the need for additional housing and a place to "hang out" other than the adult shelters. The CoC has

secured local funding to develop a drop-in center for youth that will serve as the access point for the youth Coordinated Entry System and target engagement of unsheltered youth experiencing homelessness. The drop-in center is expected to begin operations in January 2019.

The CoC is also reviewing existing programs that serve youth experiencing homelessness to increase the effectiveness of housing and services. Currently there are two rapid rehousing programs that specifically target unaccompanied youth and parenting youth. This year, both programs have adjusted their model to better serve participant needs. Historically youth were provided a flat subsidy amount for a period of 12 or 18 months. In the new model, youth are provided a flexible housing subsidy amount based in need with the goal to reduce the length of stay to 6-9 months. This will allow the CoC to serve more youth through existing programs and to help youth more quickly move to independence.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

The CoC will measure the effectiveness of strategies to increase housing and services to youth experiencing homelessness by collecting data on the number of youth receiving services and exits by youth to positive housing destinations. As previously mentioned, the CoC is planning to open a youth drop-in center in January 2019. Tracking utilization of this program by youth will provide valuable feedback as to whether programming meets the needs of youth and exits to permanent housing will be a valuable measure to assessing program effectiveness.

For RRH programs, the CoC will be evaluating the cost per positive exit for youth to determine the cost effectiveness of the new program model. It is expected that the cost per positive exit will decrease due to the reduction in the length of stay in the rapid rehousing programs. This is the best way to measure effectiveness as lower costs allow the CoC to serve more youth without impacting positive outcomes.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

MD-601 continues to collaborate with McKinney-Vento educational authorities, youth education and youth housing and services providers. Montgomery County Public Schools (MCPS, the Local Educational Authority, is a member of the CoC Governing Board as is the National Center for Children & Families, a youth services/educational provider. The MCPS Homeless Liaison attends the bi-monthly CoC Family Provider Team, which is a forum for providers to discuss outreach efforts, share information & promote coordination. Other youth educational providers who participate in the CoC include Head Start and Montgomery College. CoC providers coordinate with the Homeless Liaison to assure that youth are registered for school and transportation is in place.

Montgomery County Dept. of Health and Human Services (MCDHHS), the Collaborative Applicant, partners with MCPS to provide in-school programming to support at-risk children including the Kennedy-Watkins Cluster project, a multi-disciplinary teaming process that engages homeless & at-risk families identified by the schools. MCDHHS is also a member of the Kennedy-Watkins Cluster project operations committee

MCDHHS, on behalf of the CoC, has a Memorandum of Agreement with MCPS to provide services to homeless children, ensure access to education, develop a network of personnel to serve homeless children, & develop procedures to improve services. MCDHHS trains MCPS about resources for homeless families & how to refer for emergency shelter/assistance.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

MD-601 CoC policy requires all homeless service providers, including those that are ESG and CoC funded, to ensure that children are enrolled in school and/or are connected to early childhood education. At program admission, the educational needs of children and youth are assessed by homeless providers and information is obtained from the home school. A brochure developed by Montgomery County Public Schools (MCPS) is provided to all homeless households and unaccompanied youth explaining their rights. If not currently enrolled, CoC provider staff will assist parents to enroll their children/youth in school or early childhood education. Unaccompanied youth are also assisted to enroll in school or other educational programming. Staff work with the MCPS Homeless Liaison to coordinate transportation to school so children/youth can continue without interruption.

To assure that all providers and school personnel are familiar with these procedures, Montgomery County Department of Health and Human Services (MCDHHS,) the Collaborative Applicant, trains MCPS staff about CoC resources & how to refer families for shelter/assistance. The MCPS Liaison educates all homeless providers about the eligibility of youth & families for educational services. MCDHHS monitors homeless programs to assure that procedures are followed & reviews case records to ensure educational needs of children/youth are met.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or

partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	Yes	No
Birth to 3 years	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

As part of the CoC coordinated entry system all persons experiencing homelessness are screened to identify anyone who may be a veteran and determine their status. All outreach, intake and homeless services providers utilize the VI-SPDAT to capture military service as part of the assessment process. This status is entered into the CoC’s HMIS system and a by-name list of those reporting veteran status is generated. The CoC Veterans Work Group, chaired by the CoC Coordinator and including the Veteran Administration (VA), regularly reviews this report and confirms eligibility for VA services. Those persons determined eligible for VA resources including HUD-VASH and SSVF assistance are referred to those programs before any referral to other CoC resources are considered. The CoC Coordinator monitors referrals to VA programs and if a person cannot access VASH or SSVF, whether because of eligibility criteria or lack of available funding, that person is then referred to local housing resources through the CoC coordinated entry system. In accordance with CoC written standards veterans are prioritized for available CoC housing options.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the Yes

VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>

The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare.** Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits.** Applicants must:
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)**

The CoC coordinates with mainstream programs to enroll persons in health insurance and other benefits. MobileMed provides health insurance enrollment assistance & health services on-site at area shelters for 300 homeless adults per year. Montgomery County Department of Health and Human Services assists persons to enroll in Medicaid, TANF, SNAP, Temporary Disability Assistance, SSI and other benefits at its annual Homeless Resource Day. Health Care for the Homeless partners with area hospitals to assure persons are enrolled in health insurance coverage prior to discharge from the hospital and provides assistance post-discharge to medically vulnerable persons that need continued assistance with insurance eligibility.

CoC Adult & Family Provider teams, which meet bi-monthly, provide a forum to train providers & share information about mainstream resources such as public benefits as well as mental health, substance abuse and health programs to which persons experiencing homelessness can be referred. Information about new/updated resources is also sent via email alerts. SOAR training is also provided four times per year.

Montgomery County Department of Health and Human Services oversees the CoC's strategy for mainstream benefits.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	15
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	15
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

The CoC has four homeless street outreach providers that serve 100% of the CoC geographic area. In the last year, the outreach capacity in the CoC has been increased by nearly 50% through an expansion of staff. Outreach is provided daily with all teams required to provide services during early morning, late evening, and on the weekends as well as during normal business hours. This year the CoC has hired an Outreach Coordinator to oversee the overall outreach strategy. This includes overseeing quarterly "blitz" counts to identify trends and emerging hot spots. This person also acts as a liaison between the outreach providers and the business community. Clients are assigned to street outreach through the Coordinated Entry System, targeting those most resistant to services. Outreach teams have bilingual staff and access to a language line for those with Limited English Proficiency. Outreach is assertive and persistent. Services are provided on the streets and in locations where people experiencing homelessness frequent. When appropriate, outreach workers

connect clients to other beneficial services like Assertive Community Treatment, emergency shelter, Safe Haven, and substance use treatment.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)**

The CoC uses a Coordinated Entry System to prioritize households for housing based on vulnerability and acuity. Eligible households are not screened out based on race, color, national origin, religion, sex, age, familial status, or handicap. Special outreach is conducted to ensure that those unlikely to seek out services are included in the Coordinated Entry System. Screenings are conducted by non-traditional partners such as the Department of Corrections and behavioral health agencies. In addition, the CoC partners with the Homeless Persons Representation Project that provides legal services to promote fair housing law and tenant rights. The CoC has a robust program to work with Limited English Proficiency persons including access to a language line and multiple bilingual service providers. The County also has access to assistive technology to serve those who are blind and/or deaf at County regional offices.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	180	289	109

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	MD-601 PHA Homele...	09/04/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	MD-601 PHA Move U...	09/04/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	MD-601 Coordinate...	09/04/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	MD-601 Rating-Ran...	09/13/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	MD-601 Public Pos...	09/13/2018
1E-4. CoC's Reallocation Process	Yes	MD-601 Reallocati...	09/13/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	MD-601 Project Ac...	09/13/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	MD-601 Project Re...	09/13/2018
1E-5. Public Posting–Local Competition Deadline	Yes	MD-601 CoC Compet...	09/13/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	MD-601 CoC-HMIS L...	09/13/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	MD-601 HMIS Polic...	09/13/2018
3A-6. HDX–2018 Competition Report	Yes	MD-601 HDX Report...	09/13/2018
3B-2. Order of Priority–Written Standards	No	MD-601 Priorittiz...	09/13/2018

3B-5. Racial Disparities Summary	No	MD-601 Racial Dis...	09/13/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: MD-601 PHA Homeless Preference

Attachment Details

Document Description: MD-601 PHA Move Up Strategy

Attachment Details

Document Description: MD-601 Coordinated Assessment Tools

Attachment Details

Document Description: MD-601 Rating-Ranking Process 2018

Attachment Details

Document Description:

Attachment Details

Document Description: MD-601 Public Posting - Rank-Review Criteria-

2018

Attachment Details

Document Description: MD-601 Reallocation Process - 2018

Attachment Details

Document Description: MD-601 Project Acceptance Notification - 2018

Attachment Details

Document Description: MD-601 Project Rejection Notification - 2018

Attachment Details

Document Description: MD-601 CoC Competition Deadline

Attachment Details

Document Description: MD-601 CoC-HMIS Lead Governance

Attachment Details

Document Description: MD-601 HMIS Policy-Procedure Manual - 2018

Attachment Details

Document Description: MD-601 HDX Report 2018

Attachment Details

Document Description: MD-601 Prioritization-Written Standards - 2018

Attachment Details

Document Description: MD-601 Racial Disparities Analysis

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/12/2018
1B. Engagement	09/13/2018
1C. Coordination	09/13/2018
1D. Discharge Planning	09/12/2018
1E. Project Review	09/12/2018
2A. HMIS Implementation	09/12/2018
2B. PIT Count	09/12/2018
2C. Sheltered Data - Methods	09/13/2018
3A. System Performance	09/13/2018
3B. Performance and Strategic Planning	09/13/2018
4A. Mainstream Benefits and Additional Policies	09/13/2018
4B. Attachments	Please Complete

FY2018 CoC Application	Page 45	09/14/2018
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Submission Summary

No Input Required

Housing Opportunities Commission
of
Montgomery County, Maryland



Administrative Plan
for the
Housing Choice Voucher Program
October 2009

Revision approved by the HOC Board of Commissioners: October 7, 2009

Amended: May 2010
July 2011
December 2011
August 2012
April 2013
July 2015
September 2015
January 2016

- The responsible member has successfully completed a rehabilitation program.
- The evicted person clearly did not participate in or know about the drug-related activity.
- The evicted person no longer participates in any drug related criminal activity.

If an applicant makes a false statement in order to qualify for a Local preference, the PHA will deny the Local preference.

F. LOCAL PREFERENCES [24 CFR 5.410]

The PHA will offer public notice when changing its preference system and the notice will be publicized using the same guidelines as those for opening and closing the waiting list.

The PHA uses the following Local Preference system:

First Local Preference – Displacement: Families who are displaced as a result of a State or County redevelopment project, or a change in the nature of a project that is part of the County plan for maintaining affordable housing, and who are referred by the County Executive’s Office. A signed certification from the County Executive’s office is required for the family to qualify for this preference. [Two Points]

Second Local Preference – Residency preference for families who live, work, or have a bona fide offer to work in Montgomery County. To qualify for this preference, evidence is required either at the time of application or at the time of selection from the waiting list. HOC will treat graduates of, or active participants in, education or training programs in Montgomery County as residents of Montgomery County if the education or training program is designed to prepare individuals for the job market. To qualify and satisfy this preference, graduates must have graduated after the initial application for housing. [One Point]

Third Local Preference – HUD funded 2006 Main Stream Disabled (MSD) program; 15 units. [Two Points]

Fourth Local Preference – Veterans: Preference is given for ten (10) veterans and their families. The applicant must be at least 18 years old and a veteran.

HOC will verify the preference with a list of homeless veterans and their families provided by the Montgomery County Department of Health and Human Services (DHHS). [Three Points]

Fifth Local Preference – Families with Histories of Homelessness: Preference is given for ten (10) families with histories of homelessness who are currently housed within the Montgomery County Homeless Continuum of Care. The applicant must be at least 18 years old and have at least one minor child (under the age of 18) within the household.

HOC will verify the preference by receiving direct referrals from the Montgomery County Department of Health and Human Services (DHHS). [Three Points]

Treatment of Single Applicants

Single applicants will be treated as any other eligible family on the waiting list for the tenant-based and project-based voucher waiting lists.

G. INCOME TARGETTING

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year the PHA will reserve a minimum of seventy-five (75) percent of its Section 8 new admissions for families whose incomes do not exceed thirty (30) percent of the area median income (AMI). HUD refers to these families as “extremely low-income families.” The PHA will admit families who qualify under the Extremely Low-Income limit to meet the income targeting requirement, regardless of preference. This policy applies to the tenant-based and project-based voucher waiting lists.

The PHA’s income targeting requirement does not apply to low-income families continuously assisted, as provided for under the 1937 Housing Act.

The PHA is also exempted from this requirement where the PHA is providing assistance to low income or moderate-income families entitled to preservation assistance under the tenant-based voucher program as a result of a mortgage prepayment or opt-out.

H. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION

[24 CFR 5.415]

At the time of application, an applicant's entitlement to a Local Preference may be made on the following basis:

An applicant's certification that they qualify for a preference will be accepted without verification at the initial application. When the family is selected from the waiting list for the final determination of eligibility, the preference will be verified. To Qualify for the preference, an applicant must provide verification that shows he or she qualified either at the time of the initial application or at the time of certification.

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list (tenant-based or project-based) without the Local Preference, and given an opportunity for a meeting.

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of
Montgomery County, Maryland



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Memorandum of Understanding

Department of Housing and Community Affairs and Housing Opportunities Commission of Montgomery County

Recordation Tax Funding

Montgomery County, Maryland, through its Department of Housing and Community Affairs ("DHCA"), and the Housing Opportunities Commission of Montgomery County ("HOC") agree, by and under the terms of this Memorandum of Understanding (the "MOU"), to partner in the implementation of rental assistance programs dedicated to providing and maintaining housing for Montgomery County residents through the provision of rent subsidies and other housing related assistance, in conformity with the terms and conditions set forth in this MOU.

The parties to this MOU agree that there continues to be an urgent need to provide rental subsidies to low and moderate-income residents of Montgomery County due to the high cost of housing. To ensure housing acquisition and retention for Montgomery County residents, the following programs and initiatives will provide security deposit assistance, moving assistance, unit renovations and/or rental subsidies (individually referred to as "program" and collectively referred to as "programs"):

Rent Supplement Program (RSP)

Rental Allowance Program (RAP)

Move-Up Initiative (MUI)

Community Choice Homes Initiative (CCH)

Youth Bridge Initiative (YBI)

DHCA shall be responsible for:

- Providing funding to HOC to support staffing, administrative costs, security deposit assistance, moving assistance, unit renovations and rental subsidies for program participants.
- Providing oversight and monitoring of HOC to ensure successful implementation of the RSP, RAP, MUI, CCH and YBI, including monthly submissions of invoices and supporting documentation as well as a quarterly program report, as provided below.

HOC shall be responsible for:

- Hiring and maintaining staff to implement the RSP, RAP, MUI, CCH and the YBI.
- Supervising staff and overseeing the day-to-day operations of the RSP, RAP, MUI, CCH and the YBI.

- Developing and maintaining an application, enrollment, screening and eligibility process for the RSP, RAP, MUI, CCH and the YBI.
- Developing and executing agreements and contracts with landlords to ensure their compliance with each program's requirements.
- Issuing security deposit and/or rental subsidy payments to landlords on behalf of RSP, RAP, MUI, CCH and the YBI participants.
- Issuing moving and unit renovation cost payments to vendors on behalf of RSP, RAP, MUI, CCH and the YBI participants.
- Re-certifying RSP, MUI, CCH and YBI participants annually.
- Managing RSP, RAP, MUI, CCH and YBI budgets to ensure appropriate expenditures and adherence to overall budgets.
- Maintain demographic information to include: Average household size, age classification, race, ethnicity, household bedroom sizes, average rent, range of area median income, average gross monthly income, and average program subsidy.

NOW THEREFORE, the parties acknowledge and agree that this MOU and the funding provided hereunder is conditioned on the satisfaction of each of the following terms and conditions:

1. Program Implementation

HOC will implement and administer the Rent Supplement Program, Rental Assistance Program, Move-Up Initiative, Community Choice Homes Initiative and Youth Bridge Initiative according to the attached operational procedures and guidelines (EXHIBIT A, EXHIBIT C, EXHIBIT E, EXHIBIT G and EXHIBIT I).

2. Funding

DHCA agrees to provide funding to HOC to cover the cost of staffing, administrative expenses, unit renovations, security deposits, moving expenses and rental subsidies as outlined in the attached budgets (EXHIBIT B, EXHIBIT D, EXHIBIT F, EXHIBIT H and EXHIBIT J) for the period of July 1, 2017 through June 30, 2018. Total funding for the period of July 1, 2017 through June 30, 2018 is \$2,855,700.

3. Monthly Funding Request

HOC will submit on a monthly basis a funding request/invoice based on documented expenditures for each program.

4. Quarterly Program Report

HOC will submit on a quarterly basis a Program Report including program enrollment information (e.g., participant demographic information), total expenditures and projected funding need for the subsequent quarter for each program.

5. Termination Provisions

- a. *Termination for Convenience.* This MOU may be terminated, in whole or in part, by mutual agreement of the parties. Such termination shall be evidenced in writing and executed by both parties.
- b. *Termination for Default.* If either party fails to fulfill its obligations under this M O U properly and on time, or otherwise violates any provision of the MOU, the other party may terminate the MOU after providing written notice and an opportunity to cure to the non-performing party. The notice shall specify the acts or omissions relied upon as cause for termination and provide at least a 30-day period to cure the non-performance. In the event the cure cannot reasonably be accomplished in 30 days, the cure period shall be extended for such reasonable time as is necessary to accomplish the cure, so long as the non-performing party commences the cure within the 30-day period and diligently pursues it thereafter.
- c. Any mutual termination of this Agreement must be in writing and signed by both parties. Any termination for default, after the cure period, shall be unilateral and evidenced by a notice to the non-performing party from the other party.
- d. Notice shall be deemed received or given three days from the date mailed, and shall be delivered as follows:

To DHCA:

Director
Department of Housing and Community
Affairs
1401 Rockville Pike, 4th Floor
Rockville, MD
20852

To HOC:

Executive Director
Housing Opportunities Commission of Montgomery
County 10400 Detrick Avenue
Kensington, MD
20895

6. Indemnification.

Subject to the Maryland State Tort Claims Act and the Local Government Tort Claims Act, each party agrees to defend, indemnify, and hold the other party harmless from any loss, personal injury, death, and any other damage that may be done to or suffered by the other party due to the other party's willful or intentional

misconduct or gross negligence.

7. Miscellaneous.

- a. This MOU shall not be assignable or transferable without the prior written consent of DHCA and HOC.
- b. This MOU may not be changed, altered, or modified except by written agreement executed by DHCA and HOC.
- c. This MOU is for the exclusive benefit of DHCA and HOC. No other person or entity shall have rights under or be deemed a beneficiary of this MOU.
- d. Primary contacts for the administration of this Agreement are:

For DHCA:

Timothy J. Goetzinger
Chief
Division of Finance and
Administration
1401 Rockville Pike, 4th Floor
Rockville, MD 20852
timothy.goetzinger@montgomerycountymd.gov

For HOC:

Fred Swan
Director
Resident Services
10400 Detrick Avenue
Kensington, MD 20895
fred.swan@hocmc.org

- e. Counterparts. This MOU may be executed in counterparts, each of which shall constitute an original.

8. Agreement.

This MOU, together with any EXHIBITs attached hereto and incorporated herein by reference, represents the complete, total and final understanding of DHCA and HOC and no other understanding or representations oral or written, regarding the subject matter of this MOU shall be deemed to exist or bind the parties hereto at the time of the execution.

9. Term.

The term of this MOU begins on July 1, 2017 and ends on June 30, 2018. This MOU can be renewed upon the mutual agreement of the parties if evidenced in writing signed by both parties.

MONTGOMERY COUNTY, MARYLAND

By: Ramona Bell-Pearson
Ramona Bell-Pearson
Assistant Chief Administrative Officer

Date: September 8, 2017

Recommended by:

Department of Housing and Community Affairs

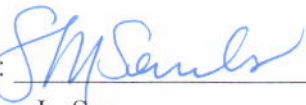
Clarence Snuggs
Clarence J. Snuggs
Director

Date: 9/5/17

APPROVED FOR FORM AND LEGALITY

By: Vickie L. Gaul Date: 8-30-17
Vickie L. Gaul
Associate County Attorney

**HOUSING OPPORTUNITIES COMMISSION OF
MONTGOMERY COUNTY**

By: 
for Stacy L. Spann
Executive Director

Date: Aug. 21, 2017

APPROVED FOR FORM AND LEGALITY

By:  8-21-17
Nowelle Ghahhari Date
General Counsel

EXHIBIT E

MOVE UP INITIATIVE Operational Procedures & Guidelines

Overview:

The Move Up Initiative (MUI) is a partnership between the Montgomery County's Department of Health and Human Services (DHHS) and HOC. The purposes of the MUI are two fold: to assist the County in reaching its goal of ending chronic homelessness and to provide a means for permanent supportive housing program participants to "move up" from programs that provide intensive supportive services and housing assistance to being more integrated into the broader County communities once they no longer need the supportive services. There are currently a number of single adults and families residing in site-based permanent supportive housing programs that no longer need the level of supportive services that are attached to these programs. However, these single adults and families still need long term housing subsidies.

As a means of moving these single adults and families into scattered sites units within the broader community, a funding source for long term housing subsidies are needed. Also, by moving these single adults and families up to more independent housing, the program slots that they vacate can be used to house the chronically homeless and help the County reach its goal of ending chronic homelessness. Ten housing subsidies will be provided through the MUI. The following procedures and guidelines govern the implementation and ongoing operation of the MUI.

Eligibility Criteria:

The MUI is intended to serve Montgomery County residents who are currently participants in permanent supportive housing programs within the County's Homeless Continuum of Care (CoC) that no longer need the intensive support services but continue to need long term housing subsidies. All applicants must meet the eligibility criteria to be approved for program participation and to continue to receive assistance.

To be deemed eligible for MUI all applicants/participants must:

- Be a Montgomery County resident residing in a permanent supportive housing program within the CoC;
- Be referred by DHHS;
- Not have income that exceeds 60% of Area Median Income;
- Not (nor the unit they reside in) be receiving other Federal subsidies (e.g., Housing Choice Voucher, Low Income Public Housing, Section 236 Preservation Program, etc.);
- Have a rent obligation/burden that exceeds 30% of their gross monthly income;

Referrals & Eligibility Screening:

Applicants are referred to HOC from DHHS. All residents must complete the MUI application process to be considered for enrollment. All applications will be reviewed for completeness and will not be accepted if not completed. Once all required documents and information is submitted, HOC will review documents and information to screen for eligibility determination. The following process/guidelines will be utilized to evaluate each eligibility criteria.

Income

Applicants must demonstrate that they fall within the eligible income parameters by providing documentation of all income for all household members. Documentation includes tax returns, W2s, pay stubs, letters from employers, etc. Additionally, applicants must submit documentation of any government assistance (e.g., SSI, SSDI, TCA, etc.) and other income sources (e.g., child support, alimony, etc.). HOC will verify submitted documentation and information. If an applicant is approved for program participation their household income must remain within the eligible income parameters at all times for continued participation.

Rent Requirement & Landlord Contract

Applicants and program participants must reside in, or intend to reside in, a housing unit in Montgomery County that cannot exceed Fair Market Rent Standards. Applicant's landlord must sign a MUI contract for the landlord to be approved for program participation. If an applicant is approved for program participation their landlord must maintain an active contract with HOC and be in full compliance at all times for the participant to continue to be eligible for assistance.

Rent Arrearages

Participants must be current with the rent at all times to continue to receive assistance. MUI assistance is for ongoing rent only and not for rent arrearages.

Receipt of Federal Assistance

HOC will screen to see if applicants are receiving any federal housing assistance (i.e., Housing Choice Voucher, Low Income Public Housing, Section 236 Preservation Program, etc.). Any applicant determined to be receiving assistance will not be eligible or approved for program participation. If any participant is determined to be receiving federal housing assistance at any time they will be terminated from the program.

Rent Obligation/Burden

HOC will determine an applicant's rent obligation/burden based on their gross monthly income as compared to the monthly rent for the unit they reside (or plan to reside) in. Applicants rent burden must be determined to be greater than 30% of their gross monthly income to be

determined eligible for the program. Additionally, participant's rent burden must remain above 30% of their gross monthly income to continue to receive assistance.

Subsidy Determination:

Program participant's subsidy amount will be determined based on their income and the total rent for the unit they reside in. Unit rents cannot exceed the Fair Market Rent Standards. The actual subsidy amount shall be based on the difference between 30% of participant's gross monthly income and the total rent amount.

Length of Program Participation:

Contingent upon funding availability, program participants will receive 12-months of assistance after initial enrollment in the MUI. Program participants can continue to receive assistance in 12-months intervals if they are determined eligible through the recertification process. Contingent upon funding availability, there shall be no limit on the number of 12-months intervals of assistance for program participants.

Termination:

Program participants shall be terminated from the MUI and have their subsidy discontinued for the following reasons:

- Failure to meet any eligibility requirement;
- Failure to pay rent (i.e., accumulating rent arrearages);
- Failure to comply with lease;
- Eviction;
- Vacating housing unit without prior notification to program staff;
- Being convicted of a felony; and,
- A lack of funding availability to pay subsidies on behalf of program participant.

Appeal Process:

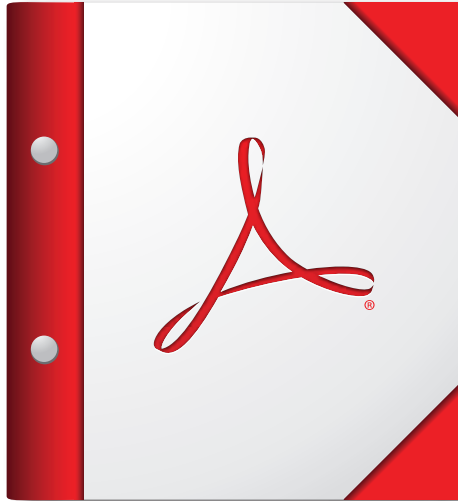
Applicants who are denied enrollment/participation in, or terminated from, the MUI may appeal these decisions. Appeals must be requested in writing and received by HOC within 30 business days of the notice of denial or termination. Upon receipt of an appeal request, HOC will schedule an in-person case review with the application within 14 business days of receiving the request. Applicants/former participants shall be allowed to present their case for an appeal at the review (including presenting any/all documentation, explanations and clarifications). The HOC Program Specialist will make an appeal decision and notify the applicants/former participants within 14 business days of the case review. If an

applicant/former participant is not satisfied with the decision of the HOC Program Specialist, then they may appeal to the HOC Resident Services Director. All appeals to the HOC Resident Services Director must be received in writing within 10 business days of the notice of denial by the HOC Program Specialist. Upon receipt of an appeal request, the HOC Resident Services Director (or his/her designee) will schedule an in-person review with the applicants/former participants within 15 business days of receiving the request. Applicants/former participants shall be allowed to present their case for an appeal at the review (including presenting any/all documentation, explanations and clarifications). The HOC Resident Services Director will make an appeal decision and notify the applicant within 15 business days of the review.

EXHIBIT F

**Recordation Tax Funding for Move Up Initiative
FY 2017 (July 1, 2017 - June 30, 2018)**

Program Funding	<u>FY 2018</u> <u>\$153,000</u>
Housing Assistance Payments (HAP)	<u>\$135,000</u>
Participant Moving Expenses	<u>\$18,000</u>
Total Program Costs	<u>\$153,000</u>



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Montgomery County Continuum of Care CoC Program - Ranking and Selection Process

Each year the U.S. Department of Housing and Urban Development (HUD) allocates funding for homeless assistance programs through the Continuum of Care (CoC) competition process. In order to receive funding, each Continuum of Care must submit a consolidated application for funding that describes how local activities meet or exceed HUD requirements and are aligned with community needs. The CoC is required to rank in order of priority funding requests from all eligible providers. The Montgomery County Department of Health and Human Services (DHHS), acting as the Collaborative Applicant for the Montgomery County MD Continuum of Care, is responsible for coordinating this process and submitting a Consolidated Application on behalf of the Montgomery County CoC. Each year DHHS reviews HUD requirements and priorities for funding under the Continuum of Care Competition.

The CoC Allocation Committee is responsible for reviewing and ranking project applications to be included as part of the Consolidated Application. Members include a range of public and private stakeholders representing the CoC. Allocation Committee members cannot be an employee, board member or volunteer of a project applicant that is requesting new or renewal funding.

DHHS Services to End and Prevent Homelessness, as the CoC Collaborative Applicant, supports the committee but is not a voting member. The Collaborative Applicant identifies HUD Continuum of Care Competition requirements and priorities for funding, compiles materials for each renewal project, announces funding availability to the Continuum of Care for new projects, develops an evaluation tool used to rate projects, schedules Allocation Committee meetings to conduct the review process, and provides technical assistance to applicants. All providers wishing to receive Continuum of Care funding must submit a project application and all requested supplemental information by deadlines outlined by the Collaborative Applicant that include performance data, HUD monitoring reports and a summary of drawdown expenses.

Members of the Allocation Committee review information related to the needs of the CoC including the most recent housing inventory chart, Point-in-Time data, federal priorities, CoC strategic plan priorities and identified service gaps. Committee members will review renewal projects based on bed utilization, HUD and CoC performance measures, cost effectiveness, Continuum of Care priority needs, alignment with HUD priorities, fidelity to Housing First philosophy, and compliance with HUD funding requirements. New project applications will be reviewed for applicant experience, project quality, cost effectiveness, alignment of HUD priorities, fidelity to Housing First philosophy, and priority to Continuum of Care needs. Each Project Application will be scored individually using a standardized ranking tool. Planning Projects are reviewed for submission but not ranked per HUD guidance.

Projects will be ranked by the Allocation committee by majority vote based on CoC need and ranking tool scores. Projects will be organized to best meet the needs of the CoC and maximize overall funding. All applicants will be notified directly regarding the recommendations of the Allocation Committee.

Refer to Competition and Project Application Instructions on CoC website for detailed application instructions and information about specific criteria to be assessed.

CoC 2018 Competition - Renewal Project Evaluation Criterion

Organization _____ Project Name _____

30% Program Effectiveness - 30 Points Maximum		Score
<ul style="list-style-type: none"> 15pts Cost Effectiveness: RRH and SH - cost per PH exit. For PSH - annual cost per household compared to average annual cost per household in the CoC. 		Determined at allocation committee meeting
<ul style="list-style-type: none"> 10pts Housing First Implementation: Per review of Housing First Addendum. 		
<ul style="list-style-type: none"> 5pts Participation in Coordinated Entry System: For PSH and RRH projects- 95% of referrals come through CES; for SH- 95% of the clients have VI-SPDAT completed for referrals and present on CES list. 		
20% Narrative - 20 Points Maximum		Score
<ul style="list-style-type: none"> 10pts Scope: # served, description of services provided, promote housing stability and connection to mainstream benefits, partnership with other service providers including behavioral health, employment, and in home medical support. 		
<ul style="list-style-type: none"> 10pts Description of Project is in alignment with CoC priorities 		
20% Severity of Needs - 20 Points Maximum		Score
<ul style="list-style-type: none"> 20pts Narrative & any related questions clearly describe ability to serve the following populations - LGBTQ, DV, Veterans, significant health or behavioral health and not currently receiving treatment, unaccompanied youth, families with children, people with disabilities. 		
20% Performance Measures - 20 Points Maximum		Score
<ul style="list-style-type: none"> 5pts Bed Utilization 90%+ 5 pts 89%-80% 4 pts 79%-70% 3 pts Below 70% - 0 pts 		
<ul style="list-style-type: none"> 10pts For RRH and SH: percentage who exited to PH 85%+ 5 pts 75%-84% 4 pts 65%-74% 3 pts Below 65% - 0 pts 		
<ul style="list-style-type: none"> 10pts For PSH: percentage who retained or exited to PH 85%+ 5 pts 75%-84% 4 pts 65%-74% 3 pts Below 65% - 0 pts 		
<ul style="list-style-type: none"> 5pts For RRH, SH: percentage increased income via any sources 90%+ 5 pts 80% - 89% 4 pts 70% - 79% 3 pts Below 70% - 0 pts 		
<ul style="list-style-type: none"> 5pts For PSH: percentage increased or maintained income 90%+ 5 pts 80% - 89% 4 pts 70% - 79% 3 pts Below 70% - 0 pts 		
10% Past Performance – 10 points maximum		Score
<ul style="list-style-type: none"> 5pts HUD Audit Findings (Audits between July 2014 – June 30, 2017) 5 pts No unresolved findings or no audit conducted 0 pts: Any unresolved findings 		
<ul style="list-style-type: none"> 5pts HUD Expenditures – Consistent Quarterly Drawdowns? Any Funds recaptured by HUD? 5 pts if expended all funds 3 pts if expended 90% 1 pt if expended 85% and below 		
5 Points BONUS – Cash funds to support project from non-DHHS sources		Score
Total Score		

CoC 2018 Competition - New CoC Bonus Project Score Sheet

Organization _____ Project Name _____

25% Experience - 25 Points Maximum	Score
<ul style="list-style-type: none"> 10pts Describe the experience of the applicant or sub-recipients in providing housing and services to the proposed population 	
<ul style="list-style-type: none"> 10pts Describe experience using Housing First approach 	
<ul style="list-style-type: none"> 5pts Describe experience effectively using federal funds including HUD grants & other public funding, including satisfactory drawdowns & performance for existing grants as evidenced by timely reimbursement of sub-recipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on exiting grants. 	
30% Design of Housing and Supportive Services 30 Points Maximum	Score
<ul style="list-style-type: none"> 5pts Extent to which the applicant 1) Demonstrated understanding of the needs of the clients to be served. 2) Demonstrates that type scale, and location of housing fits the needs of the clients to be served. 3) Demonstrates that type and scale of supportive services, regardless of funding source, meets the needs of the clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD or CoC benchmarks. 	
<ul style="list-style-type: none"> 5pts Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable 	
<ul style="list-style-type: none"> 5pts Describe how clients will be assisted to increase employment and/or income to maximize their ability to live independently 	
<ul style="list-style-type: none"> 5pts Ability to serve clients with zero income 	
<ul style="list-style-type: none"> 5pts Fidelity to Housing First Approach: Per review of Housing First Addendum 	
<ul style="list-style-type: none"> 5pts Ability to serve all household types 	
10% Timeliness - 10 Points Maximum	Score
<ul style="list-style-type: none"> 10pts Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule for proposed activities for 60 days, 120 days, and 180 days after the grant award. 	
30% Financial - 30 Points Maximum	Score
<ul style="list-style-type: none"> 15pts Project is cost effective when cost/person is compared to average cost of PSH in CoC. 	Determined at allocation committee meeting
<ul style="list-style-type: none"> 5pts Budgeted costs are reasonable, allocable, and allowable 	
<ul style="list-style-type: none"> 5pts Documented Match 	
<ul style="list-style-type: none"> 5pts Financial audit findings 5 pts No unresolved findings or no audit conducted 0 pts: Any unresolved findings 	
5% Program Effectiveness - 5 points Maximum	Score
<ul style="list-style-type: none"> 5pts At least 95% of referrals will come from Coordinated Entry System 	
5 Points BONUS – Cash funds from non-DHHS sources that exceed required match of 25%	Score
Total Score	

CoC 2018 Competition – New Domestic Violence Bonus Project Score Sheet

Organization _____ Project Name _____

25% Experience - 25 Points Maximum	Score
<ul style="list-style-type: none"> • 5pts Describe the experience of the applicant or sub-recipients in providing housing and services to families/person experiencing homelessness 	
<ul style="list-style-type: none"> • 5pts Describe the experience of the applicant or sub-recipients in serving survivors of domestic violence, dating violence, sexual assault and/or stalking. 	
<ul style="list-style-type: none"> • 10pts Describe experience using Housing First approach: Participants are offered choice in housing and services, no requirement to participate in services, no sobriety, medication or treatment compliance required; no minimum income requirements, no exclusion criteria based on credit or criminal background. 	
<ul style="list-style-type: none"> • 5pts Describe experience effectively using federal funds including HUD grants & other public funding, including regular drawdowns, timely reimbursement of sub-recipients (if applicable), timely resolution of monitoring findings, & timely submission of required reporting on exiting grants. 	
30% Design of Housing and Supportive Services 30 Points Maximum	Score
<ul style="list-style-type: none"> • 5pts Extent to which the applicant demonstrated: 1) understanding of the needs of the clients to be served; 2) the type scale, and location of housing fits the needs of the clients; 3) the type and scale of supportive services meets the needs of the clients; 4) how clients will be assisted in obtaining mainstream benefits; and 5) Establishes performance measures for housing and income that are objective, measurable, trackable, and meet/exceed any established HUD or CoC benchmarks. 	
<ul style="list-style-type: none"> • 5pts Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable 	
<ul style="list-style-type: none"> • 5pts Describe how clients will be assisted to increase employment and/or income to maximize their ability to live independently 	
<ul style="list-style-type: none"> • 5pts Ability to serve clients with zero income 	
<ul style="list-style-type: none"> • 5pts Anticipated LOS is 4-6 months 	
<ul style="list-style-type: none"> • 5pts Fidelity to Housing First philosophy: Per review of Housing First Addendum 	
10% Timeliness - 10 Points Maximum	Score
<ul style="list-style-type: none"> • 10pts Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule for proposed activities for 60 days, 120 days, and 180 days after the grant award. 	
30% Financial - 30 Points Maximum	Score
<ul style="list-style-type: none"> • 15pts Project is cost effective when cost/person is compared to threshold of \$8,000/household. 	Determined at allocation meeting
<ul style="list-style-type: none"> • 5pts Budgeted costs are reasonable, allocable, and allowable 	
<ul style="list-style-type: none"> • 5pts Documented Match 	
<ul style="list-style-type: none"> • 5pts Financial audit findings 5 pts No unresolved findings or no audit conducted 0 pts: Any unresolved findings 	
5% Program Effectiveness - 5 points Maximum	Score
<ul style="list-style-type: none"> • 5pts. At least 95% of referrals will come from Coordinated Entry System 	
5 Points BONUS – Cash funds from non-DHHS sources that exceed required match of 25%	Score
Total Score	

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Interagency Commission on Homelessness | Continuum of Care 2018 Competition

The 2018 Continuum of Care (CoC) Competition is open! HUD has approximately \$2.1 billion available this year to fund new and renewal projects. Detailed information about the CoC can be found on the HUD website at [HUD 2018 CoC Competition](#). Montgomery County is eligible to apply for funding of up to \$9,891,308 for both renewal and new projects. This includes \$525,776 in funding for a new CoCo Budget Project and \$339,704 for a Domestic Violence Bonus Project.

Important Dates:

Friday, July 20	Continuum of Care Competition Information Session
Friday, July 27	Letter of Intent for New Projects and Vountary Reallocation
Wednesday, August 1	Notification of any funds available from Reallocation Renewal Project Supporting Documentation Due
Thursday, August 16	All New and Renewal Projects Applications Due (Including Housing First Addendum with application)
Tuesday, September 4	Notification of Project Selection and Ranking

Please review the links below for additional information about the CoC process, funding priorities and application requirements.

Additional information about the Montgomery County CoC Competition will be posted on the CoC website [Montgomery County CoC Competition](#) as it becomes available.

Key Documents:

- [CoC 2018 Project Application Housing First Addendum](#) -- Submit with all Project Applications
- [CoC Poject Ranking Tools](#)
- [CoC 2018 Competition Information Session - July 20, 2018](#)
- [CoC Ranking and Rating Process](#)
- [CoC Reallocation Process](#)

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Posting Date: ↑

CoC Process – Brave New x

Secure | <https://www.montgomerycountymd.gov/Homelessness/Resources/Files/CoCCompetition/MD-601%20CoC%20Ranking-...>

**Montgomery County Continuum of Care
CoC Program - Ranking and Selection Process**

Each year the U.S. Department of Housing and Urban Development (HUD) allocates funding for homeless assistance programs through the Continuum of Care (CoC) competition process. In order to receive funding, each Continuum of Care must submit a consolidated application for funding that describes how local activities meet or exceed HUD requirements and are aligned with community needs. The CoC is required to rank in order of priority funding requests from all eligible providers. The Montgomery County Department of Health and Human Services (DHHS), acting as the Collaborative Applicant for the Montgomery County MD Continuum of Care, is responsible for coordinating this process and submitting a Consolidated Application on behalf of the Montgomery County CoC. Each year DHHS reviews HUD requirements and priorities for funding under the Continuum of Care Competition.

The CoC Allocation Committee is responsible for reviewing and ranking project applications to be included as part of the Consolidated Application. Members include a range of public and private stakeholders representing the CoC. Allocation Committee members cannot be an employee, board member or volunteer of a project applicant that is requesting new or renewal funding.

Speakers: 80%

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7/25/2018

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← → ↻ <https://montgomerycountymd.gov/Homelessness/Resources/Files/CoCCompetition/2018%20Project%20Score%20Sheets.pdf> 🔍 ☆ 👤 ⋮

CoC 2018 Competition - Renewal Project Evaluation Criterion

Organization _____ Project Name _____

30% Program Effectiveness - 30 Points Maximum		Score
• 15pts	Cost Effectiveness: RRH and SH - cost per PH exit. For PSH - annual cost per household compared to average annual cost per household in the CoC.	Determined at allocation committee meeting
• 10pts	Housing First Implementation: Per review of Housing First Addendum.	
• 5pts	Participation in Coordinated Entry System: For PSH and RRH projects- 95% of referrals come through CES; for SH- 95% of the clients have VI-SPDAT completed for referrals and present on CES list.	
20% Narrative - 20 Points Maximum		Score
• 10pts	Scope: # served, description of services provided, promote housing stability and connection to mainstream benefits, partnership with other service providers including behavioral health, employment, and in home medical support.	
• 10pts	Description of Project is in alignment with CoC priorities	

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Posting Date ↑

Montgomery County Continuum of Care **CoC Program – Reallocation Process**

As part of the annual Continuum of Care (CoC) competition, HUD has given all CoCs the opportunity to reallocate funds from existing projects to create new projects that better meet the needs of the community. The Montgomery County Continuum of Care will reallocate HUD CoC program funds as needed, in accordance with the Montgomery County CoC's strategic plan, to improve CoC performance, reduce homelessness and promote housing stability. Funds can be reallocated on a voluntary or involuntary basis in accordance with the criteria below.

1. Voluntary Reallocation

Any current CoC grantee can voluntarily reallocate its existing project by reducing the project's annual renewal demand either in whole or in part. Any grantee wishing to reallocate funds must notify the Montgomery County Department of Health and Human Services (DHHS) within the timeline outlined in that year's competition process. Upon notification of the intent to reallocate, DHHS will notify the community that new funding is available, specifying the amount available and type of projects that can be considered.

2. Involuntary Reallocation

The Allocation Committee will meet annually or as needed to discuss potential reallocation of existing CoC projects. Projects will be considered for reallocation based on alignment with CoC priorities, fidelity to Housing First philosophy, previous CoC Application rankings, performance measures and financial stewardship.

If a project is identified as being low performing by scoring poorly during the CoC ranking and review process, has unsatisfactory project performance measures, and/or has a pattern of under expenditures, the Collaborative Applicant will work with the project to develop a project improvement plan. If the project has not made significant changes to improve its performance or meet set targets in the agreed upon timeframe, the CoC reserves the right to reallocate funding, either in whole or in part, and make it available through a competitive process. For the FY 18 CoC Competition, projects failing to meet performance based outcomes determined by the Performance Review Committee of the Interagency Commission on Homelessness, will automatically be considered for reallocation.

All funding made available through either voluntary or involuntary reallocation will be awarded via a competitive application process. Providers wishing to apply for funds made available through reallocation must submit a new project application and supporting materials in accordance with the CoC Competition instructions. New funding requests will be considered by the Allocation Committee during the annual competition and will be ranked as part of the CoC prioritization process.

NOFA Recommended Ranking

From: Ball, Kim
Sent: Friday, August 31, 2018 8:35 AM
To: Sinclair-Smith, Susie; Schiller, Jennifer; Swati Shah
Cc: Harris, Amanda; Black, Sara A
Subject: NOFA Recommended Ranking

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. Home First II ranked 1st and is in Tier 1
2. Home First I ranked 2nd and is in Tier 1
3. Hope Housing ranked 3rd and is in Tier 1
4. Cordell Place ranked 9th and is in Tier 1
5. Keys First ranked 10th and is in Tier 1
6. Seneca Heights PLQ ranked 11th and is in Tier 1
7. Safe Haven ranked 15th and is in Tier 2

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018. <https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

Kim M. Ball
Services to End and Prevent Homelessness
751 Twinbrook Parkway
Rockville, MD 20851
240-777-4125

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NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 8:41 AM

To: Fred Swan <fred.swan@hocmc.org>; Mary Phillips, LGSW <mary.phillips@hocmc.org>; Kramer, Cathy <cathy.kramer@hocmc.org>;
Cc: Harris, Amanda <Amanda.Harris@montgomerycountymd.gov>; Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. McKinney 10 ranked 4th and is in Tier 1
2. McKinney 12 ranked 5th and is in Tier 1
3. McKinney 3 ranked 8th and is in Tier 1
4. Consolidated application McKinney 14 will be put forward in Tier 1

McKinney 14 Expansion was reviewed and considered ineligible and will not be included in the NOFA application. The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018.
<https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

Kim M. Ball

Services to End and Prevent Homelessness

751 Twinbrook Parkway

Rockville, MD 20851

240-777-4125

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From: Ball, Kim
Sent: Friday, August 31, 2018 8:52 AM
To: srock@iworksmc.org; Lynn Arndt; Hong, Christine
Subject: NOFA Recommended Ranking

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. Interfaith Homes ranked 6th and is in Tier 1

Interfaith Homes Expansion was reviewed and not selected and will not be included in the NOFA application.

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018. <https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

Kim M. Ball
Services to End and Prevent Homelessness
751 Twinbrook Parkway
Rockville, MD 20851
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NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 9:14 AM

To: Chesney, Amanda <amanda.chesney@cc-dc.org>; Klinkenbergh, Mary B <mary.klinkenbergh@cc-dc.org>; Poullard, Allison <Allison.Poullard@CC-DC.org>;

Cc: Harris, Amanda <Amanda.Harris@montgomerycountymd.gov>; Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. Catholic Charities RRH ranked 7th and is in Tier 1.

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018.

<https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

Kim M. Ball

Services to End and Prevent Homelessness

751 Twinbrook Parkway

Rockville, MD 20851

240-777-4125

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NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 9:19 AM

To: Christy Respress <crespress@pathwaysdc.org>; A. Rachel Pierre <rpierre@pathwaysdc.org>;

Cc: Harris, Amanda <Amanda.Harris@montgomerycountymd.gov>; Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Pathways Project Home was reviewed and selected to be included in the CoC NOFA application Submission. It was ranked 12th and in Tier 1.

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018.

<https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

Kim M. Ball

Services to End and Prevent Homelessness

751 Twinbrook Parkway

Rockville, MD 20851

240-777-4125

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NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 9:07 AM

To: Sheryl Bissett-Chapman <sherylbc@aol.com>; Ralph Belk <belkralph@aol.com>; Wellington, Janice <jwellington@nccf-cares.org>;
Cc: Harris, Amanda <Amanda.Harris@montgomerycountymd.gov>; Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. RRH II ranked 13th and is in Tier 2 (Funding falls in both Tier 1 and Tier II)
2. RRH I ranked 14th and is in Tier 2
3. Consolidated RRH I-II will be included in the NOFA application and will be in Tier 2.

The CoC Allocation Committee made a decision not to apply for the Domestic Violence Bonus project as part of the 2018 CoC Competition. No application will be included in the NOFA submission.

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018.

<https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

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NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 4:23 PM

To: Lisette Engel <lengel@tdp-inc.org>;

Cc: Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Good Afternoon,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

The Dwelling Place application was reviewed and determined to be ineligible. It will not be included in the NOFA application.

The ranking recommendation for all projects was posted today, 8/31/2018.

<https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

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Re: NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 8:46 AM

To: Sinclair-Smith, Susie <Susie@mcch.net>; Schiller, Jennifer <jschiller@mcch.net>; Swati Shah <sshah@mcch.net>;

Cc: Harris, Amanda <Amanda.Harris@montgomerycountymd.gov>; Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Morning all, I apologize for not including the new project.

MCCH VIP Expansion was reviewed and not selected. It will not be included in the NOFA application.

NEW Location Beginning June 11, 2018

Kim M. Ball

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From: Ball, Kim

Sent: Friday, August 31, 2018 8:35 AM

To: Sinclair-Smith, Susie; Schiller, Jennifer; Swati Shah

Cc: Harris, Amanda; Black, Sara A

Subject: NOFA Recommended Ranking

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. Home First II ranked 1st and is in Tier 1
2. Home First I ranked 2nd and is in Tier 1
3. Hope Housing ranked 3rd and is in Tier 1
4. Cordell Place ranked 9th and is in Tier 1
5. Keys First ranked 10th and is in Tier 1
6. Seneca Heights PLQ ranked 11th and is in Tier 1
7. Safe Haven ranked 15th and is in Tier 2

NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 8:41 AM

To: Fred Swan <fred.swan@hocmc.org>; Mary Phillips, LGSW <mary.phillips@hocmc.org>; Kramer, Cathy <cathy.kramer@hocmc.org>;
Cc: Harris, Amanda <Amanda.Harris@montgomerycountymd.gov>; Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. McKinney 10 ranked 4th and is in Tier 1
2. McKinney 12 ranked 5th and is in Tier 1
3. McKinney 3 ranked 8th and is in Tier 1
4. Consolidated application McKinney 14 will be put forward in Tier 1

McKinney 14 Expansion was reviewed and considered ineligible and will not be included in the NOFA application.

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018.

<https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

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From: Ball, Kim
Sent: Friday, August 31, 2018 8:52 AM
To: srock@iworksmc.org; Lynn Arndt; Hong, Christine
Subject: NOFA Recommended Ranking

Good Morning,
The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. Interfaith Homes ranked 6th and is in Tier 1

Interfaith Homes Expansion was reviewed and not selected and will not be included in the NOFA application.

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018. <https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

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Services to End and Prevent Homelessness
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Rockville, MD 20851
240-777-4125

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NOFA Recommended Ranking

Ball, Kim

Fri 8/31/2018 9:07 AM

To: Sheryl Bissett-Chapman <sherylbc@aol.com>; Ralph Belk <belkralph@aol.com>; Wellington, Janice <jwellington@nccf-cares.org>;
Cc: Harris, Amanda <Amanda.Harris@montgomerycountymd.gov>; Black, Sara A <Sara.Black@montgomerycountymd.gov>;

Good Morning,

The Allocation Committee met on Wednesday, August 29, 2018 and made the following recommendations for our NOFA application.

Projects in your agency ranked as follows:

1. RRH II ranked 13th and is in Tier 2 (Funding falls in both Tier 1 and Tier II)
2. RRH I ranked 14th and is in Tier 2
3. Consolidated RRH I-II will be included in the NOFA application and will be in Tier 2.

The CoC Allocation Committee made a decision not to apply for the Domestic Violence Bonus project as part of the 2018 CoC Competition. No application will be included in the NOFA submission.

The ranking recommendation for all projects will be posted to the website by close of business 8/31/2018.

<https://montgomerycountymd.gov/homelessness/Continuumofcare.html>

NEW Location Beginning June 11, 2018

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Secure | https://montgomerycountymd.gov/homelessness/Continuumofcare.html

Interagency Commission on Homelessness | Continuum of Care 2018 Competition

The 2018 Continuum of Care (CoC) Competition is open! HUD has approximately \$2.1 billion available this year to fund new and renewal projects. Detailed information about the CoC can be found on the HUD website at [HUD 2018 CoC Competition](#). Montgomery County is eligible to apply for funding of up to \$9,891,308 for both renewal and new projects. This includes \$525,776 in funding for a new CoCo Budget Project and \$339,704 for a Domestic Violence Bonus Project.

Important Dates:

Friday, July 20	Continuum of Care Competition Information Session
Friday, July 27	Letter of Intent for New Projects and Vountary Reallocation
Wednesday, August 1	Notification of any funds available from Reallocation Renewal Project Supporting Documentation Due
Thursday, August 16	All New and Renewal Projects Applications Due (Including Housing First Addendum with application)
Tuesday, September 4	Notification of Project Selection and Ranking

Please review the links below for additional information about the CoC process, funding priorities and application requirements.

Additional information about the Montgomery County CoC Competition will be posted on the CoC website [Montgomery County CoC Competition](#) as it becomes available.

Key Documents:

- [CoC 2018 Project Application Housing First Addendum](#) -- Submit with all Project Applications
- [CoC Poject Ranking Tools](#)
- [CoC 2018 Competition Information Session - July 20, 2018](#)
- [CoC Ranking and Rating Process](#)
- [CoC Reallocation Process](#)

5:07 PM 7/27/2018

Posting Date



Montgomery County Continuum of Care Governance Charter

I. Background and Purpose

The Montgomery County Continuum of Care (CoC) is the planning body in Montgomery County, Maryland, which coordinates the community's policies, strategies, and activities toward preventing and ending homelessness through a collaboration of public and private groups.

The name of the CoC shall be the Montgomery County Continuum of Care and the name of this CoC board shall be the Interagency Commission on Homelessness, herein referred to, respectively, as the "Montgomery County CoC" and the "Commission".

The Montgomery County CoC's work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring CoC performance. Support for CoC efforts include federal, state, local, and private funds, including U.S. Department of Housing and Urban Development (HUD) funding awarded through the Continuum of Care funding competition.

HUD requires communities that receive funds under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act to establish a local Continuum of Care to promote a community-wide commitment to ending homelessness, provide funding for efforts to promote community-wide planning and strategic use of resources to address homelessness, improve coordination and integration with mainstream resources, and other programs targeted to people experiencing homelessness.

II. Responsibilities of the Montgomery County CoC

The responsibilities of the Montgomery County CoC, the Commission, Montgomery County Department of Health and Human Services (DHHS) as the Collaborative Applicant, Montgomery County DHHS as the Homeless Management Information System (HMIS) Lead and CoC staff, include the following activities under CoC operations, planning, HMIS designation and system operations, and preparing application for CoC funds.

A. Operations of the CoC

- Develop, follow, and update annually this Governance Charter, which will include all procedures and policies needed to comply with HUD requirements and with HMIS requirements, including a code of conduct and recusal process for the Commission, its chair(s), and any person acting on behalf of the Montgomery County CoC board

- Establish and operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services
- Establish and consistently follow written standards for providing CoC assistance
- Consult with recipients and subrecipients to establish performance targets appropriate for population and program type
- Monitor performance of CoC recipients and subrecipients
- Evaluate the outcomes of projects funded under CoC programs
- Take action against CoC projects that perform poorly
- Report the outcomes of CoC projects to HUD annually

B. Planning Activities of the CoC

- Coordinate the implementation of a housing and service system within the Montgomery County CoC geographic area that meets the needs of homeless individuals and families. At a minimum, such a system encompasses the following:
 - Outreach, engagement, and assessment
 - Shelter, housing, and supportive services
 - Prevention strategies
- Plan for and conduct a Point-In-Time (PIT) count of homeless persons within the CoC, including a housing inventory of shelters, transitional housing, and permanent housing for homeless persons
- Conduct an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CoC geographic area
- Provide information required to complete the Consolidated Plan within the CoC geographic area

C. Designating and Operating a Homeless Management Information System

- Designate a single HMIS for the CoC's geography, and an eligible entity to serve as the CoC's HMIS Lead
- Review, revise, and approve a CoC HMIS data privacy plan, data security plan, and data quality plan
- Ensure that the HMIS is administered in compliance with HUD requirements
- Ensure consistent participation by CoC recipients and subrecipients in the HMIS

D. Prepare an Application for CoC Funds

- Design, operate, and follow a collaborative process for the development of a CoC application to HUD
- Establish priorities that align with local and federal policies for recommending projects for CoC Program funding

- Designate an eligible Collaborative Applicant to collect and combine the required application information from all applicants
- Determine whether to select the Collaborative Applicant to apply for Unified Funding Agency (UFA) designation from HUD
- Approve the final submission of applications in response to the CoC Notice of Funding Availability (NOFA)

E. Coordinate with Emergency Solutions Grant Recipient

Emergency Solutions Grant (ESG) funds are awarded to Montgomery County annually (based on HUD formula and annual appropriations). Montgomery County DHHS is the designated administering department for the funds and ensures the coordination of the following ESG activities are in consultation with the Montgomery County CoC:

- Participates in the CoC's coordinated assessment system
- Follows the CoC written standards for providing assistance
- Monitors performance of ESG recipients (if applicable)
- Evaluates outcomes of projects funded under ESG
- Takes action against ESG projects that perform poorly
- Reports the outcomes of ESG projects to HUD annually
- Ensures consistent participation by ESG recipients and subrecipients (if applicable) in the HMIS system
- Consults with state and local government ESG recipients within the Montgomery County CoC on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients

III. Full CoC Membership

A. Meetings and Agenda

The Montgomery County CoC will hold meetings of the full CoC membership at least semiannually. The CoC, through the Operations Committee, will announce the date, time and location of these meetings at least one month in advance and will publish the meeting agenda at least 24 hours before the meeting. Meeting agendas will be posted online at the Montgomery County CoC website for review prior to the meeting.

B. Membership and Voting

Membership is divided into two categories: general membership and voting membership. There is currently no fee to participate.

General membership

The CoC shall be open to any organizations or persons residing or doing business in Montgomery County with an interest in preventing and/or ending homelessness in the community. Membership may include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals. General members are welcome to attend the full CoC meetings held during the year.

Voting membership

Voting membership shall be open to any general member of the CoC who wants to participate more thoroughly in the CoC throughout the year, via committee, subcommittee, and/or workgroup. Currently, all Commission members as well as members of each Committee are voting members. To become a new voting member an individual or organization must submit an application for voting status for review and approval by the Operations Committee.

Organizations participating in the CoC voting process will have one vote per organization. This does not preclude the organization from having more than one employee attend CoC committee, subcommittee, workgroup and/or full CoC meetings. In situations where more than one employee from an organization is present at a committee, subcommittee, workgroup or full CoC meeting, only one person can represent the organization in a voting role. Furthermore, if there are different employees from the same organization, on different committee, subcommittee and/or workgroups each employee can vote at their own committee, subcommittee and/or workgroup meeting (as long as only one person per agency is voting at that meeting). Individuals, including homeless and formerly homeless persons, would gain approval to vote as an individual.

Commission members

Commission members are voting members of the CoC.

Voting

Decisions will be made by majority vote.

C. Duties

The Montgomery County CoC will adopt, follow, and update annually a governance charter, including board selection, in consultation with the Collaborative Applicant, HMIS Lead, and the Operations Committee.

IV. Interagency Commission on Homelessness

The CoC has approved the Interagency Commission on Homelessness to act on behalf of the CoC as the governing board. The Commission is comprised of an odd number not to exceed 25 members.

A. Membership of Governing Board

Members of the Governing Board are members of the Continuum of Care. The composition of the Governing Board is as follows:

One (1) representative from each of the agencies and/or positions will be appointed by the Executive as follows (as ex-officio):

- Director of Department of Health and Human Services
- Chief of Special Needs Housing of the Department of Health and Human Services
- Chief of Behavioral Health and Crisis Services of the Department of Health and Human Services
- Director of the Department of Correction and Rehabilitation
- Director of the Department of Housing and Community Affairs
- Assistant Chief of Field Services of the Montgomery County Police Department
- Representative for the Office of the County Executive

The Executive must invite the following to serve as ex-officio members:

- A member of the County Council selected by the Council President
- Executive Director of the Housing Opportunities Commission
- Director of Student Services of the Montgomery County Public Schools
- The Mayor or the Representative of the Mayor, of the City of Gaithersburg
- The Mayor or the Representative of the Mayor, of the City of Rockville
- The Mayor or the Representative of the Mayor, of the City of Takoma Park
- A Representative of either the U.S. Department of Veteran Affairs or the Maryland Department of Veteran Affairs
- Montgomery County Sheriff or the Representative of the County Sheriff
- A member of the County Legislative Delegation selected jointly by the Chairs of the House and Senate Delegation

Five (5) Representatives from (as non-ex officio members):

Continuum of Care association members that represent the relevant organizations of projects serving homeless subpopulations

Four (4) Members from the General Public (as non-ex officio members):

Members of the public, (individual or an organization representative) including one member that must be a person who is homeless or formerly homeless, and one member who is representative of a hospital located in Montgomery County

B. Term Limits

For non-ex officio members: The term is 3 years. Upon expiration of the term, members can be reappointed to a new 3 year term. If a member is appointed to fill a vacancy before a term expires, the successor serves the rest of the unexpired term. The Executive must stagger the terms of the non-ex officio members initially appointed to the Commission so that approximately one-third of the terms of these members expire each year.

For ex officio members: The term limit is equal to the term of the member's respective position in their organization/department

C. Voting

Each member of the Commission is a voting member.

D. Meetings

The Commission will meet a minimum of quarterly and written agendas and meeting minutes will be kept and made public to promote transparency.

E. Officers/Chairs/Staffing

The Executive must designate a Chair and Vice Chair, at the initial meeting of the Commission. Subsequently, a Chair and Vice Chair will be nominated by the Commission and confirmed by the Executive annually.

Montgomery County Department of Health and Human Services will provide support to the Commission. The Commission may establish one or more subcommittees to assist in carrying out any function of the Commission. Any subcommittee action is not the action of the Commission and must not bind the Commission or its members. A subcommittee may include a person who is not a member of the Commission.

F. Duties of the Commission

- Promote a community-wide goal to end homelessness
- Implement the strategic plan to prevent and reduce homelessness and minimize the trauma and dislocation cause to homeless families and individuals
- Review and monitor any program that is a component of the CoC
- Recommend to the Executive or Council any improvements to the CoC, including process changes, to reduce any barriers to housing and minimize the time needed to move someone from homelessness to housing
- Educate the community about homelessness, best practices to reduce homelessness and resources needed
- Recommend and promote partnerships with any private organization, business, corporation, philanthropic organization/foundation, and any municipal, state, or federal government agency to improve the County's ability to prevent and reduce homelessness
- Members of the Commission have the ability to volunteer to serve on other CoC committees, subcommittees, and/or workgroups.

G. Conflict of Interest

The CoC and the Commission will comply with the Conflict of Interest requirements outlined in 24 CFR part 578.95. In addition, any individual participating in or influencing decision-making must identify actual or perceived conflicts of interest as they arise and comply with this policy. Disclosure should occur at the earliest possible time and, if possible, prior to discussion of any issue. Individuals with a conflict should abstain from voting on any issue in which they may have a conflict. No member of the Commission shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions. Any Commission member finding themselves in a situation where conflict of interest may arise shall recuse himself/ herself from proceedings. The recusal shall be duly recorded in the Commission minutes. All Commission processes shall comply as it relates with the requirements of 24 CFR Part 578.95(b).

V. Continuum of Care Committees

The Montgomery County CoC has created four committees to conduct the work of the CoC. Additional committees will be established by the Operations Committee who will act as a conduit between the Commission, additional committees, subcommittees, and full CoC membership. The Operations Committee has the ability to create additional committees, subcommittees, or workgroups based on need and majority vote of the Operations Committee. The Performance Review, Strategic Planning, and Education & Outreach committees will be responsible for submitting regular reports to the Operations Committee on their activities.

Decisions made by the committees will be decided by majority vote of committee membership. Each individual member will have one vote, and one representative from each organization will have one vote. All committees will operate with two co-chairs. The Operations Committee will have one County representative as a co-chair. Current chairs of each committee will remain in their position until January 2016, when committee chair elections will be held. Subsequent elections of committee chairs will be held each January. No prohibition exists against the same co-chairs being elected each year.

A graphic of the Montgomery County CoC's committee structure is attached to the end of this governance charter.

A. Operations Committee – Oversees the day to day operations of the CoC including:

- Coordinating the overall system of care
- Developing and recommending policies and procedures for approval by the Commission
- Assisting in planning of the CoC activities in coordination with appropriate groups including all other committees, subcommittees, and workgroups
- Reviewing summary reports from all activities of committees, subcommittees, and workgroups
- Approving all membership applications
- Establishing and operating a coordinated assessment system
- Establishing and following written standards for providing CoC assistance
- Holding meetings of the full membership, with published agendas, at least semi-annually
- Coordinating the full CoC to adopt, follow, and update annually a governance charter in consultation with the Collaborative Applicant and HMIS Lead

B. Strategic Planning Committee- Responsibilities include:

- Developing, monitoring, and updating the CoC's Strategic 10-Year Plan to end homelessness
- Overseeing the implementation of the Strategic Plan
- Conducting an annual gaps analysis of homelessness needs and services
- Consulting with state and local ESG recipients on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs

C. Performance Review Committee – Responsibilities include:

- Reviewing and monitoring aggregate CoC-wide performance of all CoC and ESG programs through HMIS data, including the Annual Progress Report (APR), Annual Homeless Assessment Report (AHAR), Point in Time (PIT) count, and Housing Inventory Chart (HIC)
- Establishing performance targets appropriate for population and program type in consultation with recipients and subrecipients

- Monitoring recipients and subrecipients performance, evaluating outcomes, and taking actions against poor performers
- Evaluating project outcomes of ESG and CoC programs, and reporting those outcomes to the Operations Committee

D. Community Outreach and Education Committee - Responsibilities include:

- Providing education to the community on homeless issues
- Providing research and national best practices to other committees, subcommittees, and workgroups
- Publishing and disseminating an open invitation annually for persons within the Montgomery County CoC area to join as new CoC members
- Identifying and addressing membership gaps of key providers and vital stakeholders

VI. Designations

A. HMIS Lead

Montgomery County DHHS will act as the HMIS Lead. See HMIS Governance Charter for detailed responsibilities (Attachment A). At minimum the HMIS Lead will:

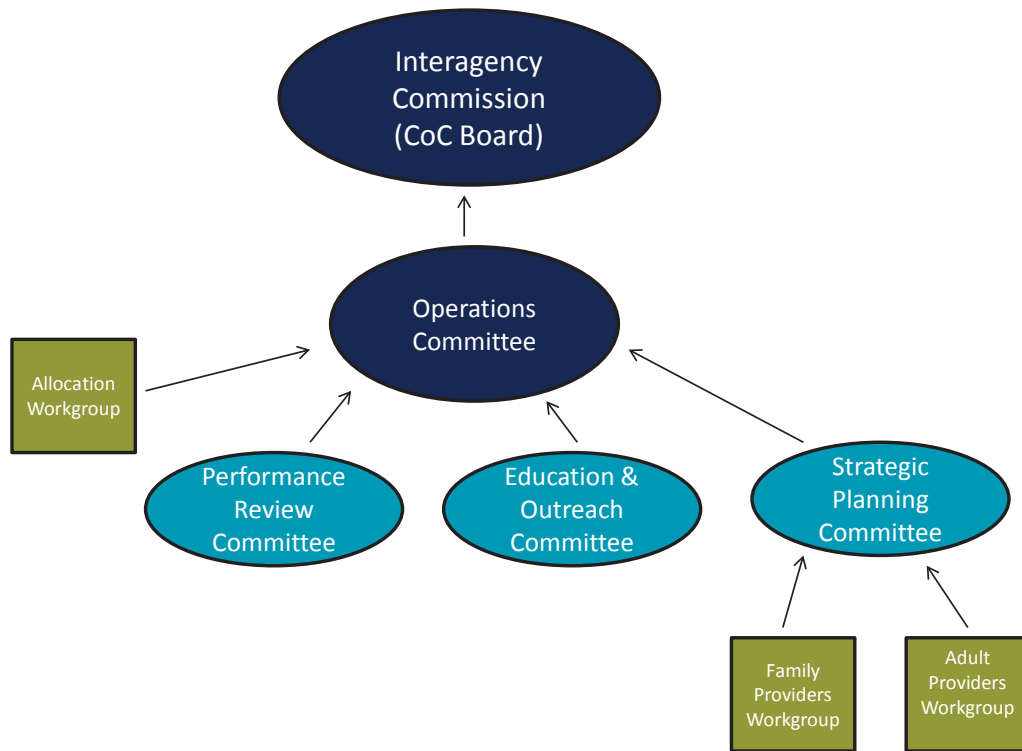
- Designate a single HMIS system and eligible applicant
- Review, revise, and approve privacy, security, and data quality plans
- Ensure consistent participation of recipients/subrecipients in HMIS
- Ensure that the HMIS is administered in compliance with HUD

B. Collaborative Applicant

Montgomery County DHHS will act as the Continuum of Care Collaborative Applicant. Duties will include:

- Supporting the planning and operations of the CoC
- Coordinating, preparing, collecting information, and submitting the CoC Program application
- Applying for CoC Planning Funds
- Overseeing the CoC coordinated assessment system
- Coordinating and conducting the annual PIT count
- Coordinating and completing the HIC
- Designing, operating, and following a collaborative process for the development of applications and approving submission of applications in response to a CoC Program NOFA
- Providing information required to complete the Consolidated Plan

Montgomery County CoC Committee Structure



Montgomery County, MD Homeless Management Information Systems (HMIS)

Governance Charter

Background and Purpose

The U.S. Department of Housing and Urban Development (“HUD”) mandates the use of a Homeless Management Information System (HMIS) for all communities and agencies receiving HUD Continuum of Care (“CoC”) and Emergency Solutions Grant program (“ESG”) funding. HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Montgomery County Continuum of Care is the responsible for the oversight of the HMIS system for Montgomery County. The goal of the CoC’s HMIS is to improve service delivery, expedite the client intake process, maintain comprehensive client records, track client outcomes, and monitor recidivism rates. Aggregate data from the HMIS is used to understand service population, measure program success in meeting contract deliverables, determine success and gaps in CoC program delivery and in the strategic planning process for the CoC.

Montgomery County Continuum of Care Responsibilities

The Montgomery County CoC will:

- Designate a single information system as the official HMIS software for Montgomery County;
- Designate an HMIS Lead to operate the HMIS system;
- Review and adopt written policies and procedures for the operation of the HMIS that comply with all applicable Federal laws and regulations, and applicable state or local governmental requirements.
- Provide oversight of the HMIS Lead, including: the requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (CHO) requiring the CHO to comply with federal regulations regarding HMIS and imposing sanctions for failure to comply; and maintaining documentation of compliance with the governance charter.

Designations

HMIS System:

The CoC designates the Bowman Systems, Inc., ServicePoint System as the official HMIS for Montgomery County Maryland.

HMIS Lead:

The CoC designates the Department of Health and Human Services (DHHS) as the HMIS Lead to operate the Montgomery County Maryland HMIS.

CoC Data Committee

The HMIS Lead will convene a CoC Data Committee that will develop, review, and recommend policy and standard procedures regarding the HMIS. Members for the committee will be identified via an open solicitation to the CoC governing board.

Montgomery County, MD Homeless Management Information Systems (HMIS) Governance Charter

Responsibilities of HMIS Lead

The HMIS Lead will:

- Contract with the designated HMIS vendor to provide an HMIS system that is in compliance with the HMIS Standards as established by HUD.
- Oversee the daily operations of the HMIS system;
- Develop written HMIS policies and procedures in compliance with HUD regulations including the CoC Program interim rule, CFR 578 and HMIS Data Standards published in March 2010.
- Ensure that HMIS policies and procedures are maintained on the CoC HMIS website at: <http://www.montgomerycountymd.gov/HHSPProgram/SNHS/HMIS-Internal/HMISPolicyprocedure.html>
- Assure that each Contributing HMIS Organization (CHO) appropriately operates and consistently participates in the HMIS, including oversight of the HMIS and any necessary corrective action to ensure that the HMIS and its use is in compliance with federal requirements;
- Execute a written HMIS Participation Agreement with each CHO, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan and privacy policy with which the CHO must abide;
- Monitor and enforce compliance by all CHOs with HUD requirements and reporting on compliance to the CoC and HUD;
- Monitor data quality and take necessary actions to maintain input of high-quality data from all CHOs;
- Submit reports to HUD and other Federal funders of homeless services, the state and the county as required.
- Maintain the ability to provide the Montgomery County CoC with an unduplicated count of clients served and an analysis of unduplicated counts.
- Serve as the applicant to the US Department of Housing and Urban Development (HUD) for any CoC grant funds to be used for HMIS activities, when available, and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;
- Develop and submit a security plan, an updated data quality plan, and a privacy policy to the CoC for approval within 6 months after the effective date of the HUD final rule establishing the requirements of these plans, and within 6 months after the date that any change is made to the local HMIS. During this process, the HMIS Lead must seek and incorporate feedback from the CoC and CHO. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the CoC.
- Develop a privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part.

Montgomery County, MD Homeless Management Information Systems (HMIS)
Governance Charter

Responsibilities of the CoC Data Committee:

The CoC Data Committee will recommend to the HMIS Lead:

- The minimum data entry requirements of the CHOs' to participate in the HMIS
- A data quality monitoring plan used to rank CHO's performance outcomes regarding HIMIS to ensure that:
 - Recipients and sub-recipients consistently participate in HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by federal, state, and local government.
- User supports including standard and specialized trainings, sustainable resources, and workflow documentation to ensure consistent HMIS participation and high data quality.

Adopted by Montgomery County Continuum of Care – December 17, 2013

**MONTGOMERY COUNTY, MARYLAND (MCMD)
CONTINUUM OF CARE (CoC)
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
POLICY AND PROCEDURE MANUAL**

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Montgomery County, Maryland Continuum of Care Policy and Procedure Manual lists local procedures for operating the HMIS. It documents specific expectations regarding the use of the system and procedures that should be followed regarding routine and occasional functions.

SECTION 1: Federal Operating Procedures

MCMD CoC adheres first and foremost to policies and procedures outlined in the Department of Housing and Urban Development HMIS Data and Technical Standards Final Notice [Docket No. FR 4848-N-02] (Appendix A)

<https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf>
<http://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

Historic Versions:

<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/Policy%20-%20Proceedures/hmisdatastandards2009.pdfm>
http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/Policy%20-%20Proceedures/hprp_apr.pdf,
<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/Policy%20-%20Proceedures/hmisdatastandards2010.pdf>,
<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/HMIS%20Resources/HMIS-Data-Dictionary.pdf>,
<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/HMIS%20Resources/HMIS-Data-Standards-Manual.pdf>,
<https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf>, and
<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

SECTION 2: Contractual Requirements and Roles

MCMD CoC Contract Requirements: Department of Health and Human Services (DHHS), in its role as the HMIS Lead Agency, agrees to provide all of the necessary equipment and staff to operate and maintain the centralized HMIS database site. This includes all required licenses for software and direct technical assistance to sites, with regards to the HMIS application. This applies to all Agencies that DHHS is currently funded to serve.

Effective June 14, 2012, please note Advance Reporting Tool (ART) licenses will be assigned to an Agency based on a 4:1 ratio. That is for every 4 programs at an Agency, 1 ART license is assigned. This policy will not be retroactive but will be grandfathered in. Unless an exception is granted, all Agencies will have 2 Agency Administrators in order to ensure continuity of operations and as such will be issued at a minimum of 2 ART licenses.

Effective December 12, 2013, please note each Agency must have a minimum of two Agency Administrators designated. This policy is retroactive and will not be grandfathered in. The only two exceptions are (1) an Agency that has 1 worker and (2) an Agency that has only read-only access to the application. All other exceptions to this policy must be granted by the HMIS Lead Agency Representative.

MCMD CoC New Sites Requirements: Any Agency that MCMD CoC does not receive alternate funding for but does want to participate may be required to assume the costs of requisite licenses and cost share of central resources.

HMIS Project Team: MCMD CoC utilizes the HMIS Project Team to provide general oversight and guidance to the project. This includes policy administrators, contract monitors, and IT staff that provide service to the homeless population.

MCDHHS Information Systems and Technology (IS&T) Server Management: Management of an HMIS requires several divergent skill sets. The MCMD CoC project has identified the following roles to provide the best, most efficient service to our stakeholders:

- Project Manager
- Requirement Analyst
- Technical Support Specialist
- Trainer
- Application Administrator
- Developer

The project also designates the roles of every participating user in order to prevent any confusion around responsibilities and privileges. Each role must be filled in order for the Agency to begin working with the project: Participating Agency Executive Director, Participating Agency Site Technical Administrator, and User.

SECTION 3: Coordinated Entry

The HMIS will be used to generate Coordinated Entry System (CES) reports ranking Clients by Chronic Homeless status, vulnerability and housing intervention needed. All homeless service providers are invited and expected to participate by using the evaluation tools, entering the information into the HMIS and participating in the Coordinated Entry calls/meetings where Clients are matched with potential homeless resolution interventions.

The Interagency Counsel on Homelessness will maintain the CES policy and inform the HMIS Lead of any relevant updates. The Continuum will regularly review the process, including tools, reports and modalities; any updates to the CES process will be analyzed for impact on the use of the HMIS and adjustments will be made accordingly.

SECTION 4: Participation Requirements

Participation Requirements: For most efficient utilization of the services provided by MCMD CoC, several steps must be completed at the Agency level before implementation can begin. IS&T staff assists with most steps though some require the Agency to act without assistance. Steps include:

- High Speed Internet Connectivity (DSL or Broadband);
- Identification of a Site Technical Administrator to serve as primary contact;
- Signed Participation Agreement contract (Appendix B); and
- Establishing client consent procedures and interview protocols.

Central Server Requirements: This section covers the exact equipment, staffing, and procedures that the MCMD CoC IS&T staff is responsible for. Focused on security, the areas are:

- Hardware Physical Security
- Software Security
- Network security
- Client database security

Implementation Requirements: Agencies must generate documents that cover each of the following areas in order for implementation to begin.

- Participation Agreement: Each participating Agency must agree to the requirements set forth in the Participation Agreement, which must be signed by a duly authorized Agency representative and returned to the Agency's DHHS Contract Monitor or, in absence
- Each Agency must complete the Provider Form (Appendix C)
- Interagency Data Sharing: HMIS users whose role based access is a Case Manager I or II, Agency Administrator, or Executive Director will be able to view information on clients throughout the HMIS database.
- Notice of Privacy Practice: Each participating Agency must use a Notice of Privacy Practice (NOPP). DHHS will provide the Department's NOPP to each participating Agency for each Agency to adapt to their needs. Each participating Agency must provide a copy of the adapted NOPP to DHHS. If the participating Agency is a HIPAA covered entity, the Agency may continue to utilize its' own NOPP; however MCDHHS must have copy of on file.
- Notice of Privacy Practice Posting: Each participating Agency must post the Notice of Privacy Posting in a conspicuous place at each Provider site. DHHS will provide the Privacy Posting, which is a summary of the NOPP.
- Release of Information: Each participating Agency must have signed Releases of Information (ROI) from each client upon program admission, to allow the sharing of information among authorized HMIS users. DHHS will provide the Release of Information (ROI) to each participating Agency. The DHHS ROI does not replace an Agency's ROI, which is used to obtain and to share information from other Providers that are not part of the HMIS such as treatment providers, etc.
- Participant Privacy, restricted information including psychotherapy or treatment notes, details regarding domestic violence, dating violence, sexual assault and stalking concerns shall not be specifically entered into HMIS. Agencies can share information with providers only with a specific client *Release of Information*, not through the HMIS.
- Data Collection Commitment: Participation in the MCMD CoC project requires that all participating Providers collect the required universal and program specific data elements on all consenting clients. Each Agency must complete the HMIS Data Entry Form (Appendix D), which includes the minimal data elements. The Agency may add any additional elements it wishes to collect.
- Information Security Protocols: Internal policies must be developed at each site to establish a process for the violation of any of Montgomery County Government information security protocols.
- Implementation Connectivity: Once implementation has begun each site agrees to maintain connectivity in order to continue project participation.
- Maintenance of Onsite Computer Equipment: Each Agency agrees to maintain its computer equipment in order to continue project participation. DHHS IS&T agrees to maintain computer equipment provided to selected agencies involved in past HMIS pilots. Please note once the contract is terminated, the Agency must return the computer equipment to DHHS IS&T.
- Conversion of Legacy Data: Agencies that are using legacy systems that request data conversion must provide resources and processes to enable conversion unless specific contracts have been established to provide the conversion at no cost.
- Policy Update Schedule: DHHS will provide the HMIS Policy and Procedures Manual to each participating Agency. This manual will be reviewed annually and updated as necessary.

SECTION 4: Training

HMIS Application Training: MCMD CoC provides ongoing training on all relevant aspects of system operation for the duration of the project. Training modules are developed based on skill level and type of access to the

system. Each user of the system is required to complete the application training, as well as HIPAA training, in order to begin using the system.

HIPAA Training: Each participating Agency is responsible for administering the HIPAA training and certifying that their users are trained. A HIPAA training verification will be required for all new users at the time they attend the HMIS Application training.

Scheduled Training Delivery: MCMD CoC agrees to deliver at least one monthly group trainings on an ongoing basis.

HMIS Onsite Application Training: MCMD CoC is available to deliver on-site training in the event that an Agency has a large number of staff to train. However, MCMD CoC will not deliver one to one training on-site.

HMIS and HIPAA Training Materials: All training documentation will be available on the County's HMIS Internet site, which is <http://www.montgomerycountymd.gov/hmis>.

SECTION 5: User, Location, Physical and Data Access

Access Privileges to System Software: Access to system resources will only be granted to Agency staffs that need access in order to perform their job. Users must complete the HMIS User Agreement form (Appendix E), in order to request access privileges.

Access Levels for System Users: Each user of the system will be assigned an account that grants access to specific system resources that they require. A model of least-privilege is used; no user will be granted more than the least amount of privilege needed to perform their job.

System Access Deactivation: Participating Agency Executive Director will complete the HMIS User Deactivation form (Appendix F) within one business day when there is a change in a user's job role or the user is no longer employed by the Agency.

Location Access Privileges to System Server: MCMD CoC may require that each computer accessing the system be identified and authorized prior to access. MCMD CoC uses electronic certificates in order to accomplish this goal.

Access to Data: All data collected by the MCMD CoC project is categorized. Access to datasets, types of data, and all MCMD CoC data releases is governed by policies developed by the HMIS Project Team.

Access to Client Paper Records: All users of the system must not have greater access to client information through the system than is accessible in the agencies paper files.

Physical Access Control: All equipment or media containing MCMD CoC data must be physically controlled at the Agency site. Protections and destruction policies vary depending on the type of data and media.

Logical Access: Access to system resources must be limited to authorized users for authorized transactions.

Unique User ID and Password: Each user of the system must be individually and uniquely identified. Identification will be verified through a password.

Right to Deny User and Participating Agencies' Access: MCMD CoC retains the right to suspend or revoke the access of any Agency or individual to the system for consistent or egregious violation of MCMD CoC policies.

Data Access Control: Access to the system must be audited. All audits may be reviewed regularly.

Auditing - Monitoring, Violations and Exceptions: MCMD CoC considers any exception to stated DTS Computer Security Guideline (Appendix G) policies a violation of those policies that must be investigated.

Auditing – Data Logs: MCMD CoC will maintain logs of all actions taken by users. Logs may include operating system logs, database, and firewall logs. All logs may be reviewed regularly.

Data Assessment and Access: All data associated with the MCMD CoC project is categorized. Access to data is restricted based on the content of the data. Reproduction, distribution, and destruction of data are based on the content of the data.

Data Integrity Controls: Access to the production data is restricted to authorized users only. Each user that has access to production data is contracted to not falsely alter or impact data in any way. If the Agency receives information that necessitates a client's information be entirely removed from the HMIS, the Agency will complete the Client Delete Request form (Appendix H).

Local Data Storage: If agencies choose to store local copies of data they are required to develop policies and procedures on how data is generated, stored, and destroyed.

Transmission of Client Level Data: All authorized users agree to transmit any client level data securely.

Data Accuracy: There are many aspects to data quality, such as validity, completeness, consistency, coverage, accuracy, and timeliness. Each of these aspects is defined in detail in the HMIS Data Quality Standards (Appendix I).

SECTION 6: Technical Support and System Availability

Planned Technical Support: MCMD CoC offers technical support to all participating agencies. Support services include training, implementation support, report writing support, and process troubleshooting.

Participating Agency Technical Service Request: Service requests from participating agencies may originate from any authorized user either by contacting the County Help Desk (HelpIT@montgomerycountymd.gov). An HMIS Administrator and/or County Contract Monitor should be copied on all such requests to remain informed and facilitate expedited resolution.

Rapid Response Technical Support: Requests for service that require a rapid response will be responded to within 3-5 business days.

Availability – Hours of System Operation: The system is available to users 24 hours a day, except during routine system maintenance, scheduled system upgrades, and unexpected system failures.

Availability – MCDHHS IS&T Staff Availability: IS&T staff are available from 8:30 AM to 5:00 PM on Monday to Friday (with the exclusion of holidays) to respond to service requests.

Availability – Planned Interruption to Service: Participating agencies will be notified of planned interruptions to service one week prior to the interruption.

Availability –Unplanned Interruption to Service: In the event of an unplanned interruption to service IS&T staff will immediately notify all authorized users within one hour of the system failure.

SECTION 7: Stages of Implementation

Implementation – Stage 1: Start-up and Initial Training: Implementation begins with stage 1.

To enter stage 1 an Agency must complete all requisite paperwork and have user accounts created on the system.

Implementation – Stage 2: Data Entry Begins: To enter stage 2 an Agency must begin entering data on their client population.

SECTION 8: Stages of Completion

One week prior to an Agency and/or Provider contract termination, the DHHS Contract Monitor will notify the Agency and/or Provider to exit all clients from the HMIS application. Upon the first business day of the contract termination, the HMIS Administrator will deactivate all user accounts associated with the Agency and/or Provider.

SECTION 9: Encryption Management

Encryption General: All potentially identifying information is encrypted in the database.

Encryption prevents unauthorized personnel from accessing confidential information for any reason.

Encryption Management: In the event that system wide data decryption becomes necessary the process is outlined here. Only one event has been identified that would require this, a change in products.

SECTION 10: Data Release Protocols

Data Release Authorization and Distribution: MCMD CoC does release data in the process of generating reports. MCMD CoC will only release de-identified aggregate data.

Right to Deny Access to Client Identified Information: MCMD CoC does not release client identified information to any third party. Court orders for information will be forwarded to the

DHHS Housing Stabilization Senior Administrator for review. Pursuant to policy no release will occur unless the party obtains the written release of every client within the database prior to receiving the database.

Right to Deny Access to Aggregate Information: MCMD CoC retains the right to deny access to aggregate level data. Pursuant to policy any interested party must submit a request for data to the HMIS Project Team. All requests are reviewed by the HMIS Project Team.

Version: 1.8

Revision Date: July 2016

APPENDIXES

APPENDIX A:	Department of Housing and Urban Development HMIS Data and Technical Standards Final Notice [Docket No. FR 4848-N-02] <i>Linked from Page 1</i> ¹
APPENDIX B:	Coordinated Entry Policy and Procedures
APPENDIX C:	Participation Agreement
APPENDIX D:	Provider Form
APPENDIX E:	HMIS Data Entry Forms
APPENDIX F:	HMIS User Agreement
APPENDIX G:	HMIS User Deactivation
APPENDIX H:	DTS Computer Security Guideline
APPENDIX I:	Client Delete Request Form
APPENDIX J:	HMIS Data Quality Standards

¹ <https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf>
<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

Historic Versions:

<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/Policy%20-%20Proceedures/hmisdatastandards2009.pdfm>
http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/Policy%20-%20Proceedures/hprp_apr.pdf,
<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/Policy%20-%20Proceedures/hmisdatastandards2010.pdf>,
<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/HMIS%20Resources/HMIS-Data-Dictionary.pdf>,
<http://www.montgomerycountymd.gov/HHS-Program/Resources/Files/SNH/HMIS/HMIS%20Resources/HMIS-Data-Standards-Manual.pdf>,
<https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf>, and
<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

APPENDIX B

Participation Agreement



Continuum of Care

Coordinated Entry Policy and Procedures

Housing for all = A Stronger Montgomery

Completed by the
Montgomery County Continuum of Care
Operations Committee
January 17, 2018
Updated January 23, 2018

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1. REGULATORY REQUIREMENT AND BACKGROUND

A Coordinated Entry System (CES) is an evidence-based strategy that focuses on housing and service coordination to link homeless consumers to the most appropriate housing solution based on their needs. The U.S. Department of Housing and Urban Development (HUD) requires all homeless Continuums of Care (CoC) to utilize CES as stated in 24 CFR 578.7 (a)(8) of the CoC Program Interim Rule.

The goals of an effective CES are to quickly identify homeless consumers, to prevent homelessness whenever possible, to appropriately assess the needs of consumers that request help and to connect them to housing and services quickly. Core components of CES as defined by HUD include:

- Prioritization-having a transparent way to prioritize consumers who are most vulnerable;
- Low Barrier-operating programs that do not screen consumers out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record;
- Housing First Orientation-housing consumers quickly without preconditions or service participation requirements
- Person-Centered-incorporating consumer choice in the type of housing and level of services and other options that are relevant to success;
- Fair and Equal Access-developing processes in which all consumers have fair and equal access to the coordinated entry process, regardless of where or how they present for services;
- Emergency Services-ensuring that CES does not unintentionally impede access to emergency shelter; and
- Standardized Access and Assessment-offering the same assessment approach and referrals using uniform decision-making processes.

The Montgomery County CoC and Emergency Solutions Grant programs and all other federal, state and county-funded homeless programs must comply with the CES as outlined in this document. Further these programs must use the CES as the only referral source from which to consider filling vacancies in housing. The CES is open to all Montgomery County residents who meet the HUD definition of homelessness, as outlined in the HEARTH Act regulations.

2. VISION AND GUIDING PRINCIPLES

The vision of the Montgomery County CoC is embodied in the *Housing for All = A Stronger Montgomery* campaign. This campaign outlines a strategy for ending homelessness in all forms by 2020. Paramount to this vision is the fundamental belief that homelessness is a solvable problem for all Montgomery County residents.

Housing for All = A Stronger Montgomery campaign embodies the guiding principles and shared values of our County and CoC which are:

- Operation of a person-centric system of care;
- Commitment to a comprehensive crisis response system; and
- Expansion of prevention, diversion and permanent housing solutions that are based on need.

□ ***Fidelity to Housing First***

Housing First is a programmatic and systems approach that centers on providing people who are homeless with housing quickly and then providing services as needed.

- Housing is not contingent on compliance with services.
- Participants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction.
- Services are provided post-housing to promote housing stability and well-being.
- All programs are expected to ensure low barriers to program entry for program participants.

The CES Policies and Procedures described herein is Phase 1 of our adoption of a full scale CES. The Montgomery County CoC envisions the implementation of a robust CES with onsite diversion, more integrated employment services, limiting the use of motel placements and scaling Rapid Re-housing to take approximately three years to launch.

• ***Non-Discrimination Policy***

Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.

Providers must comply with all federal statutes including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of Civil Rights Act and Title II and III of the Americans with Disabilities Act (ADA).

The Montgomery County CoC practices a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in Montgomery County, including, but not limited to, homeless veterans, youth, families with children, and victims of domestic violence.

The CES assessment procedures follow federal Fair Housing Laws for protected classes such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. Data will be protected by the Homeless Management Information System (HMIS) and only shared as allowed for based on the consent of the consumer.

□ **Reasonable Accommodation**

The Fair Housing Act provides consumers with disabilities the right to request reasonable accommodations when needed to participate in, and benefit from, housing and related programs and services. The ADA and Section 504 of the Rehabilitation Act have similar requirements. These laws apply throughout the entire CoC process, from initial contact through permanent housing placement. Examples of reasonable accommodation requests include assisting a consumer with a learning disability with completing or collecting eligibility documents; providing a Sign Language interpreter for a consumer who is deaf; moving a bed near an electrical outlet for someone using a medical device; or permitting a service animal into a shelter to assist a consumer with a disability. Montgomery County CoC programs must have a reasonable accommodation policy in place. Policies must be reviewed by the Services to End and Prevent Homelessness (SEPH) ADA/Fair Housing Coordinator. Responses to the requests must be made in a timely fashion. Programs may not deny a request for reasonable accommodations without prior consultation with the SEPH ADA/Fair Housing Coordinator.

□ **Staffing Roles**

As the lead agency for the Montgomery County CoC, the SEPH Department is the designated Collaborative Applicant, HMIS Lead and CES Lead. The SEPH is responsible for the day-to-day administration of the CES, oversight of the system and tracking performance.

The Operations Committee of the Montgomery County Interagency Council on Homelessness (ICH) will evaluate the progress of the CES as described herein.

Basic duties of the SEPH in its management role include:

- Providing training at least quarterly to CoC membership organizations including but not limited to process training on CES, best practice service delivery strategies and CoC requirements;
- Monitoring data collection in the HMIS, providing reports on outputs and outcomes for CES;

- Overseeing eligibility determination, appeals processes, consumer placement declines/provider placement rejections and grievance protocols described herein for CES;
- Improving CES protocols to ensure consumer access to services and housing is completed in an expedited manner;
- Overseeing Housing Prioritization list(s); and
- Updating policies and procedures.

The CES Project Manager – The project manager role includes management and oversight of the CES, including but not limited to the following:

- Serving as the primary point person and lead to all workgroups and transition teams
- Overseeing access points;
- Liaison with community partners;
- Providing technical assistance to participating agencies; and
- Reviewing and monitoring CES system performance and consumer outcomes.

3. ACCESS

□ **Families**

The Montgomery County CoC access points cover the entire geographical area of the CoC. Montgomery County CES provides homeless or at-risk consumers with children access to eligibility determinations, basic services, prevention, triage assessment and shelter locations across the County.

These access points are Montgomery County Department of Health and Human Services (DHHS) offices and have historically been used for homeless prevention, eligibility and assessment, therefore it is a common referral point for mainstream or community agencies that interact with homeless and at-risk families in need of service.

These DHHS offices also provide other critical interventions such as the provision of public benefits. Therefore, families applying for food stamps or temporary assistance for needy families may also access homeless services if needed and vice versa.

Staff at both singles and family access points will be trained to serve youth wherever they present.

The current access points for families and youth within the Montgomery County CoC CES are provided in the following chart.

ACCESS POINTS FOR FAMILIES WITH DEPENDENT CHILDREN AND UNACCOMPANIED YOUTH		
Health and Human Services Social Services Offices	Phone Number	Services
Housing Stabilization Services 1301 Piccard Drive Second Floor Rockville, MD 20850 (Accessible)	240-777-4550	8:30 a.m.–5:00 p.m. provides emergency assistance on a first-come first served basis, for homeless prevention, utility assistance, domestic violence referral, and homeless eligibility and triage Tuesday evening hours are available from 5:00–7:00 p.m.
Housing Stabilization Services 12900 Middlebrook Lane Second Floor Germantown, MD 20874 (Accessible)	240-777-4448	8:30 a.m.–5:00 p.m. provides emergency assistance on a first-come first served basis, for homeless prevention, utility assistance, domestic violence referral, and homeless eligibility and triage. Tuesday evening hours are available from 5:00–7:00 p.m.
Housing Stabilization Services 8818 Georgia Avenue Silver Spring, MD 20910 (Accessible)	240-777-3075	8:30 a.m.–5:00 p.m. provides emergency assistance on a first-come first served basis, for homeless prevention, utility assistance, domestic violence referral, and homeless eligibility and triage. Tuesday evening hours are available from 5:00–7:00 p.m.
Crisis Center Abused Persons Program 1301 Piccard Drive First Floor Rockville, MD 20850 (Accessible)	240-777-4000	After 5:00p.m. The Crisis Center which is 24 Hours / 7 days a week, utilized for providing information regarding the homeless system for Families with Minor Children and domestic violence referral

□ **Domestic Violence Survivors**

Domestic violence victims with children and those who are single may also access a network of domestic violence shelters located throughout the County from the access points listed above. Intake workers are trained to serve domestic violence victims with care and confidentiality. Through the triage and Vulnerability Index-Service Prioritization and Decision Assessment Tool (VI-SPDAT) assessment process described below, persons identified as fleeing domestic violence or sex trafficking situations will have their information recorded on paper forms. Their personal protected information (PPI) will not be entered into the HMIS.

The safety of persons fleeing domestic violence situations is a priority for Montgomery County. Families and individuals that are deemed to be fleeing domestic violence will be immediately referred to the Montgomery County DHHS Behavioral Health Services, Abused Persons Program. This comprehensive and robust County driven service provides crisis and ongoing counseling, group counseling and support groups, crisis shelter, support and advocacy services to victims of partner-related domestic abuse (domestic violence) and their families. Services provided through the Abused Persons Program include crisis shelter, abuse counseling and Family Violence Prevention. Families may also access services through the Housing Stabilization Services related to welfare support, food stamps and county specific benefits.

□ ***Domestic Violence Shelter and Placement***

Consumers in need of temporary accommodations will be referred to the Betty Ann Krahne Center which is a 60-bed, short-term crisis shelter for women and children who are fleeing domestic violence and/or victims of sexual assault or human trafficking. The Betty Ann Krahne Center provides crisis intervention, safety planning, victim advocacy services, counseling and therapeutic interpersonal skill-building, with an emphasis on trauma reduction and personal empowerment.

If the Betty Ann Krahne Center is full or if there is a male victim requiring placement, the CoC works closely with the County's Abused Persons Program to provide motel placement. If a victim of domestic violence requires ongoing CoC housing solutions, they may be placed on transitional housing or permanent housing queues and will be prioritized based on their score as described herein. The CES Manager will maintain a paper based housing queue for victims of domestic violence.

□ ***Singles and Youth***

The Montgomery County CoC access points cover the entire geographical area of the CoC. The CoC CES provides homeless or at risk single individuals access to eligibility determinations, basic services, triage assessment and shelter referrals from multiple community access points across the County including homeless shelters serving individuals, the County Corrections, the County Hospitals and through homeless outreach teams. The most common points of entry are shelters and street outreach.

This comprehensive approach to eligibility determination and basic assessment of need ensures that virtually anywhere a homeless individual may present will offer a basic homeless eligibility screening, a triage assessment which focuses on determining immediate needs and a referral to a short-term shelter placement from which more comprehensive services may be accessed.

Montgomery County has developed a universal referral form that determines homeless eligibility and will triage and navigate individuals who present at mainstream (non-

homeless) access points to shelters for more comprehensive assessment. This form is used to direct homeless people to the appropriate shelter where more thorough services, shelter or prevention services may be accessed.

ACCESS POINTS FOR SINGLES AND UNACCOMPANIED YOUTH		
Location	Phone Number	Services
<u>Corrections</u> (Accessible)		
Montgomery County Detention Center 1307 Seven Locks Road Rockville MD 20854	240-777-9960	MC Universal Referral Form completed; basic eligibility determination, referral to shelter for prevention, shelter access or more comprehensive housing
Montgomery County Correctional Facility 22880 Whelan Lane Boyd's, MD 20841	240-773-9700	
Montgomery County Pre-Trial Services and Pre-Release Center 11651 Nebel Street Rockville MD, 20852	240-777-5400	
<u>Hospitals</u> (Accessible)		
MedStar Montgomery Medical Center 18101 Prince Philip Drive Olney, MD 20832	855-633-0207	MC Universal Referral Form completed; basic eligibility determination, referral to shelter for prevention, shelter access or more comprehensive housing
Suburban Hospital 8600 Old Georgetown Road Bethesda, MD 20814	301-896-3100	
Holy Cross Hospital 19801 Observation Drive Germantown, MD 20876 1500 Forest Glen Road, Silver Spring, MD 20910	301-557-6000 301-754-7000	
Adventist HealthCare Shady Grove Medical Center 9901 Medical Center Drive Rockville, MD 20850	240-826-6000	
Adventist HealthCare Washington Adventist Hospital 7600 Carroll Avenue Takoma Park, MD 20912	301-891-7600	

<u>Crisis Center</u> (Accessible)		
Crisis Center, DHHS 1301 Piccard Drive First Floor Rockville, MD 20850	240-777-4000	MC Universal Referral Form completed; basic eligibility determination, referral to shelter for prevention, shelter access or more comprehensive housing. After 5:00 p.m. The Crisis Center which is 24 Hours 7 days a week, utilized for providing information regarding the homeless system for Singles with crisis referral
<u>Emergency Shelters</u>		
Men's Shelter Montgomery County Coalition for the Homeless 600-B East Gude Drive Rockville, MD 20850	301-545-5025 Fax 301-294-6579	VI-SPDAT shelter, prevention services, housing referral
Women's Shelter Interfaith Works 2 Taft Court, Suite 100 Rockville, MD, 20850	301-770-2413 Fax 301-762-5823	VI-SPDAT shelter, prevention services, housing referral
<u>In-Reach</u> (Accessible)		
Interfaith Works Empowerment Center 8106 Georgia Avenue, Second Fl. (Progress Place Building) Silver Spring, MD 20910	301-585-4471	Monday-Friday 8:30 a.m.-6:00 p.m.; VI-SPDAT, prevention services, shelter/housing referral
Shepherds Table 8106 Georgia Avenue, First Floor (Progress Place Building) Silver Spring, MD 20910	301-585-6643	Monday-Friday 1:00-6:00 p.m.; VI-SPDAT, shelter/ housing referral

4. ASSESSMENT

If a consumer is experiencing a housing crisis the first step will be to connect the person and/or family with shelter placement (singles) or motel placement (families) as capacity allows. An intake worker will follow up with a connection to complete more comprehensive assessments for housing, employment or vulnerability based on the need. The CoC sets a goal to complete comprehensive housing and needs assessments within 5-7 business days from shelter placement. This time period allows for singles and families who may be able to self-resolve.

Skilled intake workers complete assessments via HMIS and connect consumers to direct housing placements or place them on a prioritization list.

The Montgomery Vulnerability Index (a locally developed tool that assesses Acuity) should be updated every six months for persons on the Permanent Support Housing (PSH) prioritization lists. Life changes should be documented on Vulnerability Indices such as emergency room visits, hospitalizations, learning about a new diagnosis, involvement in the child welfare system, or juvenile detention center encounters which may change a consumer's placement on a prioritization list.

Any consumer facing homelessness may be assessed at any time and prior refusals to participate in the CES should not prevent a consumer from choosing to re-engage at any time. Additionally, barriers including but not limited to income, active or history of substance use, domestic violence history, lack of interest in services, disabling condition, evictions or poor credit, lease violations or any type of criminal record cannot be barriers to engaging the CES for housing placement.

The assessment process will not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information should only be obtained for purposes of determining program eligibility to make appropriate referrals. Finally, consumers may refuse to answer any assessment questions that are asked of them. However, doing so may limit access to potential housing placements or possible service referrals.

For singles, families and youth, the Vulnerability Index-Service Prioritization and Decision Assessment Tool (VI-SPDAT/Family VI-SPDAT/Youth SPDAT) is used to assess individuals and families who need housing intervention(s). Coordinated entry access points use the tools to prioritize the housing needs of each presenting household. The tools offer a uniformed and transparent way to collect information necessary to initially assess individuals or families who enter the CES. The following table shows the scores needed for various housing considerations for each tool.

□ **Reassessment**

Typically, assessments should occur no more than once a year. However, a consumer should be reassessed when there is a major life change occurs. Examples include a diagnosis of a disability (new to the consumer or newly revealed to the assessor), changes in household size, and health related changes.

VI-SPDAT/FAMILY VI-SPDAT SCORING	
Consideration	Household Score Needed
Prioritization for Permanent Supportive Housing and Montgomery Acuity Scale	8+ or above for single 9+ or above for family Chronically homeless Literally homeless High to Moderately High Score
Prioritization for Transitional Housing	4 to 7 for single 4 to 8 for family Literally homeless Non-chronic Fleeing Domestic Violence
Prioritization for Rapid Re-Housing	4 to 7 for single 4 to 8 for family Literally homeless Imminent risk Fleeing Domestic Violence
Prevention	Imminent risk Income (cash or non-cash) 0 TO 3
Diversion	0 TO 3

5. THE COORDINATED PRIORITIZATION LIST

A by-name registry called the COORDINATED PRIORITIZATION LIST is a report run through the HMIS that records all consumers experiencing homelessness in the CoC. This list can only be viewed with identifying information by the SEPH Department and HMIS System Administrators.

This list includes all literally homeless people organized by housing need and VI-SPDAT / Montgomery Acuity Scale or Family VI-SPDAT score. These consumers are staying in shelters, housing programs or engaged with street outreach providers. As consumers accept matches to housing placements, they are removed from the list.

☐ **Matching**

The CES Manager and the Prioritization Team review assessment results and connect consumers with vacancies. When a program has a vacancy, they must communicate this to the CES Manager via email within 24 hours of availability. If service providers know of an

impending vacancy they should communicate this and a projected availability date as soon as possible. For Permanent Housing vacancies, service providers should fill out the PERMANENT HOUSING VACANCY form.

Eligibility criteria for the vacancy must be included in the email. Eligibility criteria for every publicly funded program in the CoC must receive prior approval by the SEPH Department at the time of contract execution. This review of eligibility requirements ensures that all programs in the CoC follow Fair Housing Laws and have limited program barriers to entry.

The CES Manager matches consumers to vacancies based on prioritization scores and eligibility. The CES Manager works with shelters and outreach providers to contact a consumer regarding an available vacancy for which they qualify. If a consumer is not interested in the vacancy or cannot be located within five business days, the vacancy is given to the next qualified person on the prioritization list.

When a consumer is identified, who qualifies for the vacancy, a match e-mail will be sent to the program within three business days of receipt of the reported vacancy. Basic consumer qualifications will be provided (with signed consumer consent). Service providers may request a new match after 10 days if they have followed all contact protocol and cannot locate the consumer.

☐ ***Matching vs. Placement***

Sometimes a consumer may be matched to a housing solutions such as Rapid Re-housing or Permanent Supportive Housing however, there may not be availability. In these circumstances, a consumer will receive a placement when it is available to an alternative temporary accommodation such as an emergency shelter or transitional housing. A temporary placement will not negate the housing solutions for which the consumer has been matched.

☐ ***Program Decline Policy***

Publicly funded service providers are allowed two consumers declines a year. Rapid re- housing, transitional housing, and permanent supportive housing providers may only decline consumers found eligible for their programs under limited circumstances—such as when:

- The consumer does not meet eligibility criteria for the program.
- The household configuration cannot be accommodated with the space available in the housing program because the household composition has changed.

If the provider has made three documented attempts to contact the consumer for which no response was received to engage in intake, they must report this to the CES Manager. This will result in the next consumer qualified to be referred to the program. This will not count as a program decline.

If a program declines a consumer, they must issue a program decline decision notification. This should include, at a minimum, the following details, if applicable:

- The reason the client cannot enter the program, including the reason for rejection by the client or program
- Instructions for appealing the decision, including the contact information for the person to whom and under what time frame the appeal should be submitted

□ **Consumer Decline Policy**

Consumers may decline housing matches because of program requirements that are inconsistent with their needs or preferences. Consumer choice is an important theme of the CES in Montgomery County. Therefore, consumers should only be referred to housing interventions they are eligible for and have an interest in living/participating. Consumer program declines do not disqualify the person from the prioritization list but it may have an adverse impact on how long the consumer remains on the list prior to being housed.

6. PRIORITIZING POPULATIONS FOR HOUSING

□ **Permanent Supportive Housing (PSH)**

For permanent supportive housing programs, consumers must meet both the HUD definition of homelessness under Category I and have a disability. Once meeting the Category I eligibility requirements, consumers are then prioritized by Montgomery County's target populations. Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders.

Category I: Literally Homeless - PSH

Consumers qualify as Category I if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days, and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Of those eligible consumers, the populations must be prioritized in accordance with:

- Montgomery County's *Strategic Plan to End Homelessness*.

- The U.S. Interagency Council on Homelessness (USICH) plan, *Opening Doors*.
- HUD's guidance on prioritization of chronically homeless consumers and policy brief on coordinated entry systems.

Montgomery County CoC has established the following priority populations for PHS for individuals and families. These priorities have been established because solving homelessness for Montgomery County CoC's most vulnerable people and highest users of resources will enhance the CoC's goal of quickly transitioning people who are homeless to PSH, and ultimately eradicating homelessness throughout the entire geographic area.

Acuity and severity of need are determined by the Montgomery Acuity Scale. This prioritization encompasses Montgomery County CoC's coordinated entry system:

1. Chronically homeless individuals and families who are veterans
2. Chronically homeless individuals and families with the most severe service needs
3. Chronically homeless individuals and families with the longest history of homelessness
4. All other chronically homeless individuals and families
5. Homeless individuals and families with a disability with the most severe service needs
6. Homeless individuals and families with long period of continuous or episodic homelessness
7. Homeless individuals and families coming from places not meant for human habitation (such as emergency shelters, streets, safe havens, etc.)

The most severe service needs will be determined by the household's score on the VI-SPDAT or the Homeless Assessment Tool, and projects will prioritize those with the highest scores within each category first.

As Montgomery County, has ended veteran homelessness the goal is to maintain a level of "functional zero" each month. This means that sufficient permanent housing resources are available at a level to accommodate all Veterans who might become homeless during a month. For Montgomery County, the number of Veterans identified as homeless and needing housing should not exceed six persons at any given time. The CoC will prioritize veterans over non-veterans in each prioritization category listed above. Essentially, this means that if two households present for assistance and both fall under the same order of priority (e.g. both chronically homeless and fall under Category 1), but one is a veteran household and the other is not, the veteran household should be prioritized first. In general, the CoC will prioritize veteran households that are not eligible for Veteran Administration housing or services.

- ***Rapid Re-Housing***

For Rapid Re-Housing Programs, consumers must meet the HUD's definition of homelessness under Category I, any subsequent CoC Program Notice of Funding Availability (NOFA) eligibility requirements, and any additional funder eligibility requirements. Once meeting the rapid re- housing eligibility requirements, consumers are then prioritized by Montgomery County's target populations.

The Montgomery County CoC has established the following priority populations for Rapid Re-Housing Programs for individuals and families. These priorities have been established because solving homelessness for Montgomery County CoC's most vulnerable people and highest users of resources will enhance the CoC's goal of quickly transitioning people who are homeless to rapid re-housing and ultimately eradicating homelessness throughout all the entire geographic area.

Montgomery County CoC has small rapid re-housing program models but is working hard to fund more. The CES is designed to ensure that consumers with the most needs are referred to the appropriate model of rapid re-housing first. The process for prioritizing participants for rapid re-housing resources will include that participants are referred to the rapid re- housing program which they meet eligibility requirements and prioritized based on the following scores:

1. Consumers with a score of 7 and 15 on the Homeless Assessment Tool and individuals with a score of 4-8 on the VI-SPDAT
2. Consumers with the ability to increase their income and pay the entire rent by the end of the assistance period
3. Consumers expected to sustain housing once they have addressed housing barriers through case management
4. Consumers with the longest history of homelessness

- ***Transitional Housing***

For transitional housing programs in the CoC, consumers must meet the HUD definition of homelessness, under Categories I or IV. Consumers are then prioritized by Montgomery County's target populations and any unique criteria for the CoC's transitional housing programs.

Category I: Literally Homeless – Transitional Housing

Consumers qualify as Category I if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.

- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs)
- Exiting an institution where they resided for ≤ 90 days, and were residing in an emergency shelter or place not meant for human habitation immediately prior to entering the institution

Category IV: Fleeing/Attempting to Flee Domestic Violence

Consumers qualify as Category IV if they meet the following requirements:

- They are fleeing, or attempting to flee domestic violence
- No subsequent residence has been identified
- They have no resources or support networks to obtain permanent housing

The process for prioritizing consumers for transitional housing first includes meeting HUD's homeless definition, and then based on the below prioritization. Transitional Housing facilitates the movement of homeless consumers to permanent housing within 24 months of entering transitional housing.

In Montgomery County, very limited transitional housing is available. If multiple consumers meet the transitional housing programs eligibility criteria, then prioritization will take place in the following order:

1. Consumers with a score of 7 and 15 on the Homeless Assessment Tool and individuals
 - a. with a score of 4-8 on the VI-SPDAT—based on their score, consumers with the highest service needs will be prioritized first
2. Length of time homeless
3. Falling under one of the target populations for transitional housing:
 - a. Family with head of household between the ages of 18-24 years' old
 - b. Consumers fleeing domestic violence

7. MARKETING

The coordinated entry system is publicly advertised through the Montgomery County's Department of Health and Human Services (DHHS) website, the CoC website, through the County's 311 system, and through community events.

The entry points are also advertised through trainings for service providers and information is passed along from emergency shelter and street outreach workers directly to people sleeping on the street. The broad advertisement of the system ensures that all people within Montgomery County in need of homeless services will have fair and equal access to

the system regardless of where or how the household presents at any entry point. Outreach conducted by emergency shelter and street outreach workers ensures that people who are sleeping on the streets are equally prioritized for assistance as anyone else presenting with service needs.

Montgomery County access points may utilize the Limited English Proficiency (LEP) services to help consumers who present for services <http://www.montgomerycountymd.gov/lep>. In order to improve linguistic access to services for people with limited English proficiency (LEP) language translation services are available for the most frequently spoken second languages in the County. These languages are Spanish, Chinese, French, Korean, Vietnamese and Amharic. The LEP services may also help with language access for other languages.

8. GRIEVANCE POLICY

Immediately upon working with any consumer, intake workers must provide the individual or family with the Coordinated Entry Grievance Policy. All individual's or family's concerns and grievances must be resolved promptly and fairly, in the most information and appropriate manner. Providers shall inform individuals and families of the following process for filing a grievance.

- HOUSING PROGRAM GRIEVANCES are grievances that are related to the individual's or family's experience(s) with a homeless housing program. These grievances shall be redirected back to the Provider to follow the Provider's grievance policies and procedures. Grievance policies should be sent to the SEPH Department as a part of contract execution for review and approval.
- FAIR HOUSING GRIEVANCES are grievances that are related to discrimination based on race, color, national origin, disability or family status. These grievances may be directed to the SEPH ADA/Fair Housing Coordinator. Grievances may also be directed to the Montgomery Office of Human Rights at 240-777-8450 or to the Philadelphia Regional Office of HUD at 1-888-799-2085.
- COORDINATED ENTRY GRIEVANCES are grievances that are related to CES policies, procedures or housing placements. Grievances related to CE policies and/or procedures shall be directed to: The Coordinated Entry Manager.

9. EVALUATING COORDINATED ENTRY

The implementation of a full and robust Coordinated Entry System will take time and thoughtful planning. The Goals for the system include expanding Rapid Re-housing, piloting diversion programs, reducing reliance on motels for families and expanding access to employment services.

Coordinated Entry also represents a fundamental change in the way the CoC operates. Therefore, the MC CoC expects that periodic and frequent adjustments to the procedures set forth may be required as the system is implemented. To inform those adjustments, CES will be periodically evaluated by the Operations Committee (a leadership group comprised primarily of service providers) of the ICH. According to the ICH Charter, the Operations Committee plays an important oversight role in evaluating the success of new initiatives undertaken by the CoC. In the first year of evaluation, the Operations Committee will primarily review outputs in the system to ensure that basic operations of CES such as:

- Tracking the time, it takes to match a consumer to a housing program,
- Assessing the frequency of declines on the consumer and provider side,
- Reviewing the volume of vacancies across program types and the rate at which they are filled,
- Documenting participation of service providers in training and planning, and
- Examining the amount of exits to permanent housing solutions.

To obtain broader stakeholder feedback on the overall implementation of CES, the Operations Committee will also initiate a service provider survey annually to document areas of improvement and expansion.

10. DATA MANAGEMENT

The Montgomery County CoC HMIS is administered by the County Department of Health and Human Services. Any service provider receiving county, state or federal homeless funds must enter consumer information in the HMIS. All organizations which have a principle mission of serving the homeless, regardless of funding source, are invited to participate in the HMIS. The HMIS is an internet-accessible database that is used by homeless service organizations to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. The HMIS is used to generate the by-name registry for singles called the COORDINATED PRIORITIZATION LIST. In the first quarter of 2018, the CoC HMIS will be broadening the HMIS generated registry to include all populations; specifically focusing on families and youth. Only the HMIS Database Administrators and CES Manager who have the highest HMIS license level in will be able to access the Coordinated Prioritization List. The CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards to the Coordinated Prioritization List.

In addition to CoC's Coordinated Entry Policy and Procedure Manual, there are several other documents relating specifically to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Governance Charter which is reviewed and

approved annually by the ICH and outlines the governance of the HMIS; Agency Participation Agreements which outline approved uses of the system for all participating agencies; CoC User Agreement which specifies individuals' responsibility in entering information, accessing information, generating reports and sharing information; and the HMIS Policies and Procedures Manual which outlines all the business processes required to operate the HMIS. Data Security and Privacy training is required for all HMIS users and occurs annually.

Before collecting any information as part of the Coordinated Entry system, all staff must first either (1) obtain the participant's informed consent to share and store participant information for the purposes of assessing and referring participants through the Coordinated Entry process, or (2) confirm that such consent has already been obtained and is still active. Consumer consent should be in written form.

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be stored or shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally-identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," nick name, or description to preserve as much non-personally-identifiable information as possible for statistical purposes.

APPENDIX C

Participation Agreement



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SERVICES TO PREVENT AND END HOMELESSNESS

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
PARTICIPATION AGREEMENT

Isiah Leggett
County Executive

Uma. S. Ahluwalia
Director, DHHS

Amanda J. Harris
Chief, SEPH

This Participation Agreement (hereafter known as “**the agreement**”) is entered into on _____
Date
between **Montgomery County Department of Health and Human Services**, the designated HMIS Lead
Agency (hereafter **HLA**) and _____
Agency Name
(hereafter known as “**Agency**”) regarding access and use of the Continuum of Care’s HMIS.

I. Introduction

The HMIS, a shared human services database, allows authorized personnel at homeless and human service provider agencies throughout Montgomery County Homeless Continuum of Care (MC CoC), to enter, track, and report on information concerning their own clients and to share information, subject to appropriate inter-agency agreements, on common clients.

HMIS’s objectives are to:

- Improve coordinated care for and services to homeless persons in the MC CoC , _____
- Provide a user-friendly and high quality electronic records system that expedites client intake procedures, improves referral accuracy, and supports the collection of quality information that can be used for program improvement and service-planning, and
- Meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD), and other funders as needed.

In compliance with all state and federal requirements regarding client/consumer confidentiality and data security, the HMIS is designed to collect and deliver quality data about services and homeless persons, formerly homeless person and/or persons at risk for being homeless. The Montgomery County Department of Health and Human Services (MCDHHS) administers the HMIS.

II. HLA Responsibilities

1. HLA will provide the Agency 24-hour access to the HMIS database system except during routine system maintenance, scheduled system upgrades and unexpected system failures.
2. HLA will provide Privacy Notices, Client Release forms and other templates for agreements that may be used in their original form or incorporated in local implementation of HMIS functions.
3. HLA will provide both initial training and periodic updates to that training for all end users regarding the use of the HMIS.
4. HLA will provide basic user support and technical assistance (i.e., general trouble- shooting and assistance with standard report generation). Access to this assistance will be available through the County Help Desk during normal business hours, Monday through Friday.

III. Privacy and Confidentiality

A. Protection of Client Privacy

1. The Agency will comply with all applicable federal and state laws regarding protection of client privacy.
2. The Agency will comply specifically with Federal confidentiality regulations as contained in the *Code of Federal Regulations, 42 C.F.R., Part 2*, regarding disclosure of alcohol and/or drug abuse records where applicable. Users should be aware that the Lead Agency will give notice when specific portions of a client record should be locked.
3. The Agency will comply specifically with the *Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160 & 164*, and corresponding regulations established by the U.S. Department of Health and Human Services.
4. The Agency will comply with all policies and procedures established by HLA pertaining to protection of client privacy.

B. Client Confidentiality

1. The Agency agrees to provide a copy of HMIS' *Privacy Notice* (or an equivalent Agency-specific alternative) to each consumer. The Agency will provide a verbal explanation of the HMIS and arrange for a qualified interpreter/translator or other reasonable accommodation if an individual is not literate in English or has difficulty understanding the *Privacy Notice* or associated Consent Form(s).
2. The Agency will not solicit or enter information about clients into the HMIS database unless it is essential to provide services or conduct evaluation or research. Agency Management, in consultation with the HLA will make a determination of what qualifies as essential for services or research.
3. The Agency will not divulge any information received from the HMIS to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
4. The Agency will ensure that all persons who are issued a User Identification and Password to the HMIS abide by this *Participation Agreement*, including all associated confidentiality provisions. The Agency will be responsible for oversight of its own related confidentiality requirements.
5. The Agency agrees that it will ensure that all persons issued a User ID and Password will complete a formal training on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License. The privacy and confidentiality training must be consistent with HLA training or otherwise meet all required state and federal standards.

6. The Agency acknowledges that maintaining the confidentiality, security and privacy of information such as that described in Part III, downloaded from the system by the Agency is strictly the responsibility of the Agency.
7. Agency Participants are prohibited from altering information in databases without first obtaining express written permission of the HLA.

C. Inter-Agency Sharing of Information

1. The Agency acknowledges that all forms provided by the HLA regarding client privacy and confidentiality are shared with the Agency as generally applicable models that may require specific modification in accord with Agency-specific rules. The Agency will review and revise (as necessary) all forms provided by the HLA to assure that they are in compliance with the laws, rules and regulations that govern its organization.
2. The Agency acknowledges that informed written client consent (verbal consent for outreach providers) is required before any basic identifying client information is shared with other Agency's in the System; unless sharing is otherwise permitted by applicable regulations or laws. The Agency will document client consent on the *HMIS Client Authorization Form*. If a client refuses to give consent to share their information, the client and the HLA will be notified that Agency will enter data in HMIS with the visibility of the client demographic restricted to that Agency.
3. The Agency will incorporate an HMIS release clause into its existing *Agency Authorization for Release of Information Form(s)* if the Agency intends to share restricted client data within the HMIS. Restricted information, including psychotherapy notes, treatment, victims of domestic violence, dating violence, sexual assault and stalking concerns shall be not be shared with other participating Agencies without a specific written *Agency Client Release of Information*. Sharing of restricted information is **not** covered under the general *HMIS Client Authorization Form*. Agencies with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.
4. The Agency acknowledges that the Agency, itself, bears primary responsibility for oversight for all sharing of data it has collected via the HMIS. The HLA will hold the Agency responsible only for information that the Agency shares. The HLA however, will not hold the Agency responsible for the actions of the Entity that receives and misappropriates the shared data; unless the Agency knew or should have known that the Entity would misappropriate or were otherwise not entitled to receive the shared information.
5. The Agency agrees to place all *Client Authorization* forms related to the HMIS in a file to be located at the Agency's business address and that such forms will be made available to the HLA for periodic audits. The Agency will retain these HMIS related authorization for Release of Information forms for a minimum of five years or longer if appropriate.

6. The Agency acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible. The Agency does not have to qualify a client to be eligible for a service if the Agency does not have enough information to qualify the client for the program.

D. Custody of Data

1. The Agency acknowledges, and HLA agrees, that the Agency retains responsibility for all information it enters into the HMIS but the HLA owns the records that are created as a result of the development of the database.

IV. Data Entry and Regular Use of HMIS

1. The Agency will not permit User ID's and Passwords to be shared among users in compliance with the *HMIS User Agreement Form*.

The Agency will complete the *HMIS Deactivation User Agreement* form regarding employee status change and forward to the HMIS Administrator when an HMIS User is no longer employed by the Agency.

2. If a client has previously given the Agency permission to share information with multiple agencies, beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the Agency will contact its partner agency/agencies and explain that, at the client's request, portions of that client record will no longer be shared. The Agency will then "lock" those portions of the record, impacted by the revocation, to the other agency or agencies. Agency Users will be notified by the HLA to lock specific portions of a client record when applicable.
3. If the Agency receives information that necessitates a client's information be entirely removed from the HMIS, the Agency will work with the client to complete a *HMIS Client Delete Request Form* which will be sent to the HLA for de-activation of the client record. This provision only applies to reporting that is not required by State or Federal mandates.
4. The Agency will enter all minimum required data elements as published by the most recent U.S. Department of Housing and Urban Development (HUD) HMIS Data Standards and required local community elements specified for all persons who are participating in services funded by the HUD Supportive Housing Program, State of Maryland Emergency Transitional Housing Services (ETHS), and Montgomery County, Maryland Government.
5. The Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.
6. The Agency will routinely review records it has entered in the HMIS for completeness and data accuracy. The review and data correction process will be made according to HMIS' published *Policies and Procedures*.

7. The Agency will not knowingly enter inaccurate information into HMIS.
8. The Agency acknowledges that once the *Client Authorization Form* expires, a new *Client Authorization Form* must be obtained, or no new information can be added to the database. Information entered before the date of the expired release will continue to be available to the sharing partners.
9. The Agency acknowledges that an adapted *Agency Authorization to Release Information* form must include an HMIS clause which permits the Agency to share restricted client information with select agencies (as specified on the *Client Authorization Form*) in compliance with the Agency's approved Confidentiality Policies and Procedures.
10. The Agency will prohibit anyone with an Agency-assigned User ID and Password from entering offensive language, profanity, or discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, sexual orientation and gender identity. These prohibited actions are not limited to those listed above and include all other requirements found in the HUD provisions found at the Federal Register Part III Department of HUD HMIS provisions.
11. The Agency will utilize the HMIS for business purposes only.
12. The Agency will keep updated virus protection software and appropriate firewall protection on Agency computers that access the HMIS.
13. Nothing in this Agreement authorizes any party to collect, maintain, use, or disclose information in violation of any laws.
14. The Agency agrees that the HLA or the local Continuum of Care Committee may meet to discuss procedures, updates, policy and practice guidelines, data analysis, and software/ hardware upgrades. The HLA will request the Agency to designate at least one specific Staff member to regularly attend the meetings.
15. Notwithstanding any other provision of this *Participation Agreement*, the Agency agrees to abide by all policies and procedures relevant to the use of HMIS that HLA publishes from time to time. The Agency will have a reasonable time to comply with new policies and procedures to be set by HLA. Non-compliance with this *Participation Agreement* and the HMIS's published *Policies and Procedures* could result in disciplinary action, including but not limited to:
 - Restricted access to HMIS until the Agency comes into compliance
 - Delay in invoice payment until the Agency comes into compliance
 - Negative impact on CoC ranking due to continued HMIS non-compliance

V. Publication of Reports

1. The Agency agrees that it may only release aggregated information generated by the HMIS that is specific to its own services.

2. The Agency acknowledges that the release of aggregated information will be governed through policies established by relevant committees operating at the Continuum of Care level for community-level analysis. Such information will include qualifiers such as coverage levels or other issues necessary to fully explain the published findings.
3. The HLA will release aggregated information as required by its Federal, State, and Local funding agents; other request for data must be authorized by the HLA.

VI. Database Integrity

1. The Agency will not share assigned User ID's and Passwords to access the HMIS with any other organization, governmental entity, business, or individual.
2. The Agency will not intentionally cause corruption of the HMIS in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.
3. All Agency participants must obtain and maintain corporate/business e-mail accounts to be eligible to participate in distribution lists.

VII. Hold Harmless

1. The HLA and MCDHHS make no warranties, expressed or implied. The Agency, at all times, will indemnify and hold HLA/MCDHHS harmless from any damages, liabilities, claims, and expenses that may be claimed against the Agency; or for injuries or damages to the Agency or another party arising from participation in the HMIS; or arising from any acts, omissions, neglect, or fault of the Agency or its agents, employees, licensees, or clients; or arising from the Agency's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business. This Agency will also hold HLA/MCDHHS harmless for loss or damage resulting in the loss of data due to delays, non-deliveries, mis-deliveries, or service interruption caused by Mediware, by the Agency's or other member agency's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God. HLA/MCDHHS shall not be liable to the Agency for damages, losses, or injuries to the Agency or another party other than if such is the result of gross negligence or willful misconduct of HLA/MCDHHS. HLA and MCDHHS agree to hold the Agency harmless from any damages, liabilities, claims or expenses caused solely by the negligence or misconduct of HLA or MCDHHS
2. The Agency agrees to keep in force a comprehensive general liability insurance policy. Said insurance policy shall include coverage for theft or damage of the Agency's HMIS-related hardware and software, as well as coverage of Agency's indemnification obligations under this agreement.

3. Provisions of Section VII shall survive any termination of the Participation Agreement. All restrictions on the use and disclosure of client information will also survive any termination of the Participation Agreement.

VIII. Terms and Conditions

1. The parties hereto agree that this agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this agreement.
2. The Agency shall not transfer or assign any rights or obligations under the *Participation Agreement* without the written consent of HLA.
3. This agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice. The exception to this term is if allegations or actual incidences arise regarding possible or actual breeches of this agreement. Should such situations arise, the HLA may immediately suspend access to the HMIS until the allegations are resolved to protect the integrity of the system.
4. This agreement may be modified or amended by written agreement executed by both parties with 30 days advance written notice.

IN WITNESS WHEREOF, the parties have entered into this Agreement:

AGENCY

Signature

Date

Printed Name

Title

HHMIS LEAD AGENCY REPRESENTATIVE

Signature

Date

Kim Ball
Printed Name

Homeless Services Administrator
Title

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
ASSURANCES

_____ (Agency) assures that the following fully executed documents will be on file and available for review.

- The Agency's Board Approved Confidentiality Policy
- The Agency's Grievance Policy, including a procedure for external review
- The Agency's official *Privacy Notice* for HMIS clients
- Executed Agency *Authorizations for Release of Information* as needed
- *Certificates of Completion* for required training for all HMIS System Users
- A fully executed *User Agreement* for all HMIS System Users
- A current HMIS *Policy and Procedure Manual*

Signature

Date

Printed Name

Title

APPENDIX D

Provider Form



Montgomery County Maryland
Homeless Management Information Systems (HMIS)
ServicePoint Provider Configuration Form

Initial Provider Configuration


Parent Provider	<input type="checkbox"/> If Adding New Level 2 Provider AGENCY, Parent Provider is: Montgomery County Continuum of Care <input type="checkbox"/> If Adding a New Project, select the Parent Provider below: Choose an item. <input type="checkbox"/> If the Level 2 Provider is not in ServicePoint yet, enter name below: Click or tap here to enter text.
New Provider Name	Click or tap here to enter text.
New Provider AKA	Click or tap here to enter text.
Profile Image	If you want a profile image uploaded, please attach the file.
	<input type="checkbox"/> HUD/HMIS Provider <input type="checkbox"/> AIRS Compliant <input type="checkbox"/> Uses ServicePoint <input type="checkbox"/> Operational
Copy Provider	If you want to copy settings from another Provider, which Provider? Click or tap here to enter text.

Provider Admin > Profile > Provider Profile

	Check box in this column to copy this element from Click or tap here to enter text. Provider	
<input type="checkbox"/>	Provider Description	Click or tap here to enter text.
<input type="checkbox"/>	Module Access Settings	<input type="checkbox"/> Provider Uses ClientPoint <input type="checkbox"/> Provider Uses Measurement Tools <input type="checkbox"/> Provider Uses ShelterPoint <input type="checkbox"/> Provider Uses SkanPoint
<input type="checkbox"/>	Location Information	Choose an item. Click or tap here to enter text. Choose an item. Click or tap here to enter text. Choose an item. Click or tap here to enter text.
<input type="checkbox"/>	Contact Numbers <i>Select only one as Primary</i>	Description Click or tap here to enter text. Number Click or tap here to enter text. <input type="checkbox"/> Primary Phone Number (number will display in ResourcePoint) Description Click or tap here to enter text. Number Click or tap here to enter text. <input type="checkbox"/> Primary Phone Number (number will display in ResourcePoint) Description Click or tap here to enter text. Number Click or tap here to enter text. <input type="checkbox"/> Primary Phone Number (number will display in ResourcePoint)
<input type="checkbox"/>	Contact Personnel	Name Click or tap here to enter text. Description Click or tap here to enter text. Title Click or tap here to enter text. Email Address Click or tap here to enter text. Phone Number Click or tap here to enter text. Website Address Click or tap here to enter text. Notes Click or tap here to enter text.


		<input type="checkbox"/> Hide from Provider Profile <input type="checkbox"/> Primary Contact Name Click or tap here to enter text. Description Click or tap here to enter text. Title Click or tap here to enter text. Email Address Click or tap here to enter text. Phone Number Click or tap here to enter text. Website Address Click or tap here to enter text. Notes Click or tap here to enter text. <input type="checkbox"/> Hide from Provider Profile <input type="checkbox"/> Primary Contact
<input type="checkbox"/>	Additional Information	Website Address Click or tap here to enter text. Hours Click or tap here to enter text. Program Fees Click or tap here to enter text. Intake/Application Process Click or tap here to enter text. Eligibility Click or tap here to enter text. Languages Click or tap here to enter text. Volunteer Opportunities Click or tap here to enter text. Wishlists Click or tap here to enter text. Accessibility Click or tap here to enter text. <input type="checkbox"/> Handicap Access <input type="checkbox"/> Brochures <input type="checkbox"/> Show on Public Site <input type="checkbox"/> Is Shelter Requirements

Provider Admin > Profile > Standards Information

	Check box in this column to copy this element from Click or tap here to enter text. Provider	
	Operating Start Date	Click or tap to enter a date.
<input type="checkbox"/>	Organization Identifier	Click or tap here to enter text.
<input type="checkbox"/>	Project Type	Choose an item.
<input type="checkbox"/>	Housing Type	Choose an item.
	Principle Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Target Population	Choose an item.
	Victim Services Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Method of Tracking Emergency Shelter Utilization	Choose an item.
	Continuum Project (funded by HUD CoC Grant)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Grant Type	<input type="checkbox"/> HOPWA <input type="checkbox"/> PATH <input type="checkbox"/> RHY <input type="checkbox"/> SSVF <input type="checkbox"/> N/A
		<input type="checkbox"/> Service Transaction Workflow (Program does not use Entry/Exit)

	Service Transaction Workflow (Provider does not use Entry/Exit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CoC Codes	CoC Code: MD-601 Zip Code Click or tap here to enter text. Geography Type Choose an item. CoC Code Start Date Click or tap to enter a date.
	Bed and Unit Inventory	Household Type Choose an item. Bed Type Choose an item. Availability Choose an item. Bed Inventory <i>Of the total Bed Inventory what number of beds are dedicated to:</i> <ul style="list-style-type: none"> - Chronic Homeless Beds (PSH Only) - Veteran Beds - Youth Beds Unit Inventory Inventory Start Date Click or tap to enter a date. HMIS Participation Beds HMIS Participation Start Date Click or tap to enter a date. McKinney Vento Funding <input type="checkbox"/> Yes <input type="checkbox"/> No
	Federal Partner Funding Sources	Federal Partner Program Choose an item. Grant Identifier Click or tap here to enter text. Grant Start Date Click or tap to enter a date.

Provider Admin > Services

	Check box in this column to copy this element from Click or tap here to enter text. Provider	
<input type="checkbox"/>		Primary Services Click or tap here to enter text. Secondary Services Click or tap here to enter text. Occasional Services Click or tap here to enter text.
<input type="checkbox"/>		Provider Specific Services Click or tap here to enter text.
<input type="checkbox"/>		Provider Service Unit Type Click or tap here to enter text.

Provider Admin > Module Settings > ShelterPoint (Residential Providers Only)

	Shelter Information	Shelter Service Code
	Unit List	Unity Type Choose an item. Number of Households

Admin > User Admin > User Updates

Exiting Users who should have Enter Data As access to this new Provider.

1. [Click or tap here to enter text.](#)
2. [Click or tap here to enter text.](#)
3. [Click or tap here to enter text.](#)
4. [Click or tap here to enter text.](#)
5. [Click or tap here to enter text.](#)

New Users created after this Provider is added will get access through the User Agreement.

APPENDIX E

HMIS Data Entry Form

(SAMPLE FORM; SEE WEBSITE FOR MOST CURRENT DOCUMENTS)

HMIS Data Collection Template for Project START – CoC Program

This form can be used by all CoC-funded project types: Prevention, Street Outreach, Safe Haven, Transitional Housing, Rapid Re-housing, Permanent Supportive Housing, and Services Only. Some project types are also required to track other information such as contacts, engagement, or move-in date. See [supplemental forms](#) for Prevention, Rapid Re-housing, Permanent Supportive Housing, and Street Outreach projects.

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

Data for All Clients

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

PROJECT START DATE (e.g., 08/24/2017)

The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a “made up name” for such an initial identification, indicate that here.

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

SOCIAL SECURITY NUMBER
10/23/1978)

			-			-				
--	--	--	---	--	--	---	--	--	--	--

DATE OF BIRTH (e.g.,

		/			/				
--	--	---	--	--	---	--	--	--	--

Month

Day

Year

SOCIAL SECURITY NUMBER DATA QUALITY

Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

DATE OF BIRTH TYPE

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

Data for All Clients (continued)**RELATIONSHIP TO HEAD OF HOUSEHOLD**

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

- ☐ Self (head of household)
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member (other relation to head of household)
- ☐ Other: non-relation member

ETHNICITY

- ☐ Non-Hispanic / Non-Latino
- ☐ Hispanic / Latino
- ☐ Client doesn't know
- ☐ Client refused

RACE

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

GENDER

Which of these genders best describes how the client identifies?

☐ Female

☐ Male

☐ Trans Female (MTF, or male to female)

☐ Trans Male (FTM, or female to male)

☐ Gender Non-Conforming (i.e. not exclusively male or female)

☐ Client doesn't know

☐ Client refused

Data for All Clients (continued)

PHYSICAL DISABILITY

Does the client currently have a physical disability?

☐ No

☐ Yes



[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

☐ Client doesn't know

☐ Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

☐ No

☐ Yes



[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

☐ Client doesn't know

☐ Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

☐ No

☐ Yes



[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

☐ Client doesn't know

☐ Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

☐ No

☐ Yes



[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

☐ Client doesn't know

☐ Client refused

Data for All Clients (continued)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

☐ No

☒ Yes

☐ Client doesn't know

☒ Client refused



[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

☐ No

☒ Yes

☐ Client doesn't know

☒ Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

☐ No

☒ Alcohol abuse

☐ Drug abuse

☒ Both alcohol and drug abuse

☐ Client doesn't know

☒ Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

☐ No

☒ Yes

☐ Client doesn't know

☒ Client refused

DISABLING CONDITION

Does the client currently have a disabling condition?

A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

☐ No

☒ Yes

☐ Client doesn't know

☒ Client refused

HEALTH INSURANCE

Is the client currently covered by health insurance?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

Data for Head of household and other Adults

Respond to the following questions for any head of household (as designated above) and any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

LIVING SITUATION PRIOR TO PROJECT START

Separate, [supplemental forms are provided](#) to complete this data element. Note that Street Outreach, Emergency Shelter, and Safe Haven projects have a separate form from all other project types.

Projects may modify this form to paste in the content from the appropriate supplemental form for their project type.

VETERAN STATUS

Is the client a veteran?

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- For the **Army, Navy, Air Force, Marine Corps, and Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.
- For the **Reserves and National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.
- Or Anyone who was disabled in the line of duty during a period of active duty training.
- Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

- ☐ No
- ☒ Yes
- ☐ Client doesn't know
- ☐ Client refused

DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

- ☐ No
- ☒ Yes
- ☐ Client doesn't know
- ☐ Client refused



[IF YES] When did the experience occur?

- ☐ Within the past three months
- ☐ Three to six months ago (excluding six months exactly)
- ☐ Six months to one year ago (excluding one year exactly)
- ☐ One year ago or more
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the client currently fleeing?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

Data for Head of household and other Adults (continued)

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused



[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Private disability insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Worker's Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Child support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Other source	No <input type="checkbox"/>	

If yes, specify source:_____	Yes	<input type="checkbox"/>	\$. 0 0
Total monthly income from all sources			\$. 0 0

Data for Head of household and other Adults (continued)

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF Child Care services (<i>or use local name</i>)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF transportation services (<i>or use local name</i>)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other TANF-Funded Services (<i>or use local name</i>)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other source If yes, specify source:_____	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

APPENDIX F

HMIS User Agreement

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
USER AGREEMENT
Revised 7/01/2018**

HMIS STATEMENT OF CONFIDENTIALITY AND REQUEST FOR HMIS USER

Please complete the following:

Agency and Provider Name: _____
(Please print clearly.)

Employee Name: _____

Business Phone: _____

Business Physical Address: _____

(Please print complete address including city and zip code.)

Business Email Address: _____
(Please print clearly.)

Trained By: ☐ Agency (by Internal Staff) ☐ DHHS

Training Date: _____

Access Level:

☐ Sys Admin ☐ Agency Admin ☐ Case Manager II ☐ Other: _____

Important

All pages of this completed form must be scanned and emailed to
HelpIT@MontgomeryCountyMD.gov.

If you have any questions regarding the completion of this request, please contact the
County's Helpdesk at 240-777-2828 or send an email to
HelpIT@MontgomeryCountyMD.gov.

STATEMENT OF CONFIDENTIALITY

I AGREE TO MAINTAIN THE STRICT CONFIDENTIALITY OF INFORMATION OBTAINED THROUGH the Montgomery County Department of Health and Human Services Continuum of Care, Homeless Management Information System. This information will be used only for legitimate client services and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in the MCDHHS HMIS.

Employee Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

REQUEST FOR ACCOUNT

Each user requires a unique username and password, which is to be kept private. Use of another user's username (account) is grounds for immediate termination from the Montgomery's County Continuum of Care Homeless Management Information System.

USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to the Department of Health and Human Services homeless management information system. Initial each item below to indicate your understanding of the proper use of your username and password, and sign where indicated. Any failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Montgomery County's HMIS.

Initial Only

_____ I understand that I must abide by all protocols outline in the HMIS Policy and Procedure Manual.

_____ I understand that I must take all reasonable means to protect personal information that is in hard copy format, including, but not limited to, reports, data entry forms, and signed consent forms.

_____ I understand those hard copies of HMIS information must be kept in a secure file.

_____ I understand that once the hard copies of HMIS are no longer needed, they must be properly destroyed to maintain Confidentiality.

_____ I understand that I must take all reasonable means to protect personal information that is stored within the application, including, but not limited to, a network, desktop, laptop, and external storage drive.

_____ I understand that I must take all reasonable means to keep my password physically secure.

_____ I understand that my username and password are for my use only and should not be shared with any other user.

_____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

_____ I understand that these rules apply to all users of the DHHS HMIS whatever their work role or position.

_____ I understand that if I notice or suspect a security breach, I must immediately notify DHHS HMIS Administrator.

I understand and agree to the above statements.

Employee Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

To be completed by the HMIS Administrator:

1. Verified user was HIPAA trained. [] Yes [] No
2. Verified user was Agency or DHHS application trained. [] Yes [] No
3. Added user's business email to the HMIS Outlook distribution list. [] Yes [] No
4. Submitted Helpdesk Ticket to create County ID. [] Yes [] No [] N/A-User is an employee or onsite contractor.

User ID (Assigned by MCDHHS): _____

HMIS Admin Signature: _____ **Date:** _____

SERVICEPOINT AGENCY AND PROVIDER CHART

*Select one of the Providers as your Primary and mark it with an “X”.
Also place and “X” in the Enter Data As column for all other Providers you need access to.*

AGENCY	PROJECT NAME	PRIMARY	ENTER DATA AS
Montgomery County Continuum of Care	System Admins ONLY		NA
Bethesda Cares (BC)	Agency Admin ONLY		NA
Bethesda Cares (BC)	Bethesda Cares (BC) SO-Ind		
Bethesda Cares (BC)	Critical Care Intervention (BC) SSO-Ind		
Bethesda Cares (BC)	Housing Initiative Program-Individual (BC) PH-Ind		
Bethesda Cares (BC)	Veterans Rapid Re-Housing Program – (BC) RRH-Fam		
Bethesda Cares (BC)	Veterans Rapid Re-Housing Program – (BC) RRH-Ind		
Catholic Charities Services, Inc. (CC)	Agency Admin ONLY		NA
Catholic Charities Services, Inc. (CC)	Chase Partnership House (CC) TH-Ind		
Catholic Charities Services, Inc. (CC)	Dorothy Day Place Men's (CC) TH-Ind		
Catholic Charities Services, Inc. (CC)	Dorothy Day Place Women's (CC) TH-Ind		
Catholic Charities Services, Inc. (CC)	Housing Initiative Program Family (CC) – PH-Fam		
Catholic Charities Services, Inc. (CC)	Housing Initiative Program-Individual (CC) – PH-Ind		
City of Gaithersburg (COG)	Agency Admin ONLY		NA
City of Gaithersburg (COG)	City of Gaithersburg Up County COG SO-Ind		
City of Gaithersburg (COG)	DeSillum House (COG) TH-Ind		
City of Gaithersburg (COG)	Housing Initiative Program-Individual (COG) PH-Ind		
City of Gaithersburg (COG)	Wells Robertson House (COG) TH-Ind		
Community Clinic, Inc. (CCA)	Agency Admin ONLY		NA
Community Clinic, Inc. (CCA)	Community Clinic, Inc.		

AGENCY	PROJECT NAME	PRIMARY	ENTER DATA AS
Community Ministries of Rockville (CMR)	Agency Admin ONLY		NA
Community Ministries of Rockville (CMR)	Jefferson House (CMR) PH-Ind		
Community Ministries of Rockville (CMR)	Mansfield Kaseman Health Clinic		
Community Ministries of Rockville (CMR)	Rockland House (CMR) PH-Ind		
Cornerstone Montgomery - (CMA)	Agency Admin ONLY		NA
Cornerstone Montgomery - (CMA)	Assertive Community Treatment (CMA) SSO-IND		
Cornerstone Montgomery - (CMA)	Housing Initiative Program-Individual (CMA) PH-Ind		
Department of Health Human Services (DHHS)	Agency Admin ONLY		NA
Department of Health Human Services (DHHS)	Arcola (DHHS) TH-Fam		
Department of Health Human Services (DHHS)	Clinical Assessment and Transition Services (CATS) (DHHS) SSO-Ind		
Department of Health Human Services (DHHS)	Community Case Management (DHHS) SSO-Ind		
Department of Health Human Services (DHHS)	Core Services Agency - PATH (DHHS-BH) SSO-Ind		
Department of Health Human Services (DHHS)	Crisis Center DHHS SSO-All		
Department of Health Human Services (DHHS)	Fleet (DHHS) TH-Fam		
Department of Health Human Services (DHHS)	Gaynor (DHHS) TH-Fam		
Department of Health Human Services (DHHS)	Housing Initiative Program-Family (DHHS) PH-Fam		
Department of Health Human Services (DHHS)	Housing Initiative Program-Individual (DHHS) PH-Ind		
Department of Health Human Services (DHHS)	Housing Stabilization Service-MD ESG YOUTH Rapid Re-Housing - Family RRH-Fam		
Department of Health Human Services (DHHS)	Housing Stabilization Services - State Rental Allowance (RAP) DHHS - Fam		
Department of Health Human Services (DHHS)	Housing Stabilization Services-County Rapid Re-Housing - Family RRH-Fam		
Department of Health Human Services (DHHS)	Housing Stabilization Services-County Rapid Re-Housing - Individual RRH-Ind		

AGENCY	PROJECT NAME	PRIMARY	ENTER DATA AS
Department of Health Human Services (DHHS)	Housing Stabilization Services-Diversion (DHHS) SSO-Fam		
Department of Health Human Services (DHHS)	Housing Stabilization Services-ESG Rapid Re-Housing - Family RRH-Fam		
Department of Health Human Services (DHHS)	Housing Stabilization Services-ESG Rapid Re-Housing - Individual RRH-Ind		
Department of Health Human Services (DHHS)	Housing Stabilization Services-Intake Only (DHHS) SSO-Fam		
Department of Health Human Services (DHHS)	Housing Stabilization Services-MD ESG YOUTH Rapid Re-Housing - Individual RRH-Ind		
Department of Health Human Services (DHHS)	Housing Stabilization Services-Shelter/Hotel DHHS ES-Fam		
Department of Health Human Services (DHHS)	Montgomery Cares Health Care for the Homeless DHHS SSO-All		
Department of Health Human Services (DHHS)	Systems Planning and Management		
Department of Health Human Services (DHHS)	TB Outreach and Case Management DHHS SSO-All		
Dwelling Place, Inc. (DP)	Agency Admin ONLY		NA
Dwelling Place, Inc. (DP)	Dwelling Place (DP) TH-Fam		
Dwelling Place, Inc. (DP)	Housing Initiative Program-Family (DP) PH-Fam		
Dwelling Place, Inc. (DP)	New Opportunity Homes DP PH-Fam		
Dwelling Place, Inc. (DP)	Permanent Supportive Housing (The Dwelling Place) DP PH-Fam		
EveryMind - (EM)	Agency Admin ONLY		NA
EveryMind - (EM)	Homeless Outreach - All County PATH (EM) SO-IND		
EveryMind - (EM)	Housing Initiative Program-Individual (EM) PH-Ind		
EveryMind - (EM)	Places for People 1 (Former)		
EveryMind - (EM)	Places for People 1 (MHA) TH-Ind		
EveryMind - (EM)	Places for People 3 (MHA) PH-Ind		
Family Services, Inc. (FS)	Agency Admin ONLY		NA
Family Services, Inc. (FS)	Housing Initiative Program-Family (FS) PH-Fam		

AGENCY	PROJECT NAME	PRIMARY	ENTER DATA AS
Family Services, Inc. (FS)	Housing Initiative Program-Individual (FS) PH-Ind		
House of Divine Guidance – (HDG)	Agency Admin ONLY		NA
House of Divine Guidance – (HDG)	The Lighthouse (HDG) – TH-FAM		
House of Divine Guidance – (HDG)	The Winter Haven HDG ES-Fam		
House of Divine Guidance – (HDG)	The Winter Haven HDG ES-Ind		
Housing Opportunities Commission (HOC)	Agency Admin ONLY		NA
Housing Opportunities Commission (HOC)	Housing Counseling Program HOC SSO-All		
Housing Opportunities Commission (HOC)	Housing Initiative Program - Family (HOC) PH-Fam		
Housing Opportunities Commission (HOC)	Housing Initiative Program - Individual (HOC) PH-Ind		
Housing Opportunities Commission (HOC)	Housing Initiative Program Housing Locators (HOC) SSO-All		
Housing Opportunities Commission (HOC)	Lasko Manor (HOC) PH-Ind		
Housing Opportunities Commission (HOC)	McKinney 03-Family HOC PH-Fam		
Housing Opportunities Commission (HOC)	McKinney 10-Family (Contracted CM) - PH-Fam		
Housing Opportunities Commission (HOC)	McKinney 10-Family HOC PH-Fam		
Housing Opportunities Commission (HOC)	McKinney 10-Individual (Contracted CM) PH-Ind		
Housing Opportunities Commission (HOC)	McKinney 10-Individual Expansion(HOC) PH-IND		
Housing Opportunities Commission (HOC)	McKinney 10-Individual HOC PH-Ind		
Housing Opportunities Commission (HOC)	McKinney 12-Individual (Contracted CM) PH-Ind		
Housing Opportunities Commission (HOC)	McKinney 12-Individual HOC PH-Ind		
Housing Opportunities Commission (HOC)	New Neighbors 1 (HOC) PH-Ind		
Housing Opportunities Commission (HOC)	New Neighbors 2 (HOC) PH-Ind		
Interfaith Works (IW)	Agency Admin ONLY		NA
Interfaith Works (IW)	Becky's House (IW) PSH-Ind		

AGENCY	PROJECT NAME	PRIMARY	ENTER DATA AS
Interfaith Works (IW)	Carroll House (IW) TH-Ind		
Interfaith Works (IW)	Housing Initiative Program-Family (IW) PH-Fam		
Interfaith Works (IW)	Housing Initiative Program-Individual (IW) PH-Ind		
Interfaith Works (IW)	Interfaith Homes (IW) PH-Ind		
Interfaith Works (IW)	Interfaith Homes HUD (IW) PH-Ind		
Interfaith Works (IW)	Interfaith Housing Coalition (IW) PH-Fam		
Interfaith Works (IW)	Interfaith Works Day Program (IW) SSO-Ind		
Interfaith Works (IW)	Interfaith Works Overflow Shelter (IW) ES-Ind		
Interfaith Works (IW)	IW Residences (IW) PH-IND		
Interfaith Works (IW)	Watkins Mill House (IW) TH-Ind		
Interfaith Works (IW)	Women's Year-Round Emergency Shelter (IW) ES-IND		
Montgomery County Coalition for the Homeless (MCCH)	Agency Admin ONLY		NA
Montgomery County Coalition for the Homeless (MCCH)	Ashmore (MCCH) PSH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Aurora Apartments (MCCH) PSH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Back to Work (MCCH) SSO-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Comprehensive Re-Entry Project (CoRP) (MCCH) SSO-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Cordell Place (MCCH) PSH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Cordell Place HUD (MCCH) PSH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Flower (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Home First I (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Home First II (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Forest (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Gallop (MCCH) PH-Fam		

AGENCY	PROJECT NAME	PRIMARY	ENTER DATA AS
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Grandin (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Hutton (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Jump (MCCH) PH-Fam		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Peony (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Pier (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Rolling (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Shea (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Hope Housing-Van Buren (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Housing Initiative Program-Family (MCCH) PH-Fam		
Montgomery County Coalition for the Homeless (MCCH)	Housing Initiative Program-Individual (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Housing Initiative Program-Individual (MCCH-Archways) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Keys First - Family (MCCH) PH-Fam		
Montgomery County Coalition for the Homeless (MCCH)	Keys First - Individual (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Men's Emergency Shelter - Overflow (MCCH) ES-IND		
Montgomery County Coalition for the Homeless (MCCH)	Men's Emergency Shelter - Year Round (MCCH) ES-IND		
Montgomery County Coalition for the Homeless (MCCH)	Operation Homecoming (MCCH) PH-Fam		
Montgomery County Coalition for the Homeless (MCCH)	Operation Homecoming (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Partnership for Permanent Housing 1-Family (MCCH) PH-Fam		
Montgomery County Coalition for the Homeless (MCCH)	Partnership for Permanent Housing 1-Individual (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Partnership for Permanent Housing 2-Family (MCCH) PH-Fam		
Montgomery County Coalition for the Homeless (MCCH)	Partnership for Permanent Housing 2-Individual (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Safe Havens-Adrienne's (MCCH) SH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Safe Havens-Kensington (MCCH) SH-Ind		

AGENCY	PROJECT NAME	PRIMARY	ENTER DATA AS
Montgomery County Coalition for the Homeless (MCCH)	Safe Havens-Laytonsville (MCCH) SH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Safe Havens-Maplewood (MCCH) SH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Seneca Heights Apartments Family Housing (MCCH) PH-Fam		
Montgomery County Coalition for the Homeless (MCCH)	Seneca Heights Private Living Quarters (PLQ) (MCCH) PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Seneca Heights Private Living Quarters (PLQ) HUD PH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Veteran Safe Havens (MCCH) SH-Ind		
Montgomery County Coalition for the Homeless (MCCH)	Vulnerability Initiative Program (MCCH) PH-Ind		
Montgomery County Coordinated Entry System (CES)	Agency Admin ONLY		NA
Montgomery County Coordinated Entry System (CES)	MC CoC Coordinated Entry Project (CES-All)		
Mount Calvary Baptist Church (MCBC)	Agency Admin ONLY		NA
Mount Calvary Baptist Church (MCBC)	Helping Hands Center MCBC ES-Fam		
National Center for Children and Families (NCCF)	Agency Admin ONLY		NA
National Center for Children and Families (NCCF)	Family Stabalization Program (NCCF) PH-Fam		
National Center for Children and Families (NCCF)	Family Stabilization Program - Arise House (NCCF) TH-Fam		
National Center for Children and Families (NCCF)	Greentree Shelter NCCF ES-Fam		
National Center for Children and Families (NCCF)	Rapid Re-Housing I (RRH) NCCF RRH-Fam		
National Center for Children and Families (NCCF)	State Rental Allowance Program (RAP) (NCCF) - PH-RRH		
National Center for Children and Families (NCCF)	Supportive Housing Program (NCCF) TH-Fam		
National Center for Children and Families (NCCF)	Young Adult Rapid Re-Housing NCCF RRH-Fam		
Pathways to Housing DC (PTH)	Agency Admin ONLY		NA
Pathways to Housing DC (PTH)	Housing Case Management (PTH) SSO-Ind		
Pathways to Housing DC (PTH)	Pathways Street Outreach (PTH) SO-Ind		

AGENCY
People Encouraging People (PEP)
People Encouraging People (PEP)
Quest, Inc. (Quest)
Quest, Inc. (Quest)
Quest, Inc. (Quest)
Rainbow Place (RPA)
Rainbow Place (RPA)
Shepherd's Table (STA)
Shepherd's Table (STA)
Stepping Stones (SSA)
Stepping Stones (SSA)
Stepping Stones (SSA)
The Coordinating Center (CCA)
The Coordinating Center (CCA)
The Coordinating Center (CCA)
Veterans Affairs Medical Center (VA)
Veterans Affairs Medical Center (VA)

PROJECT NAME
Agency Admin ONLY
Assertive Community Treatment (PEP) SSO-Ind
Agency Admin ONLY
Housing Initiative Program-Family (Quest) PH-Fam
Housing Initiative Program-Individual (Quest) PH-Ind
Agency Admin ONLY
Rainbow Place (RPA) ES-Ind
Agency Admin ONLY
Shepherd's Table STA SSO-All
Agency Admin ONLY
Housing Initiative Program - Family (SSA) PH-Fam
Stepping Stones Shelter SSA ES-Fam
Agency Admin ONLY
Housing Initiative Program-Individual (CCA) PH-Ind
Housing Initiative Program-Medical (CCA) PH-Ind
Agency Admin ONLY
VA Community Resource and Referral Center VA SSO-All

PRIMARY

ENTER DATA AS
NA
NA
NA
NA
NA
NA

APPENDIX G

HMIS User Deactivation

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
USER DEACTIVATION FORM
Revised 08/13/2013**

Please complete the following for the account deactivation:

Employee Name: _____
(Please print clearly.)

ServicePoint Login ID: _____
(Please print clearly.)

Agency Name: _____
(Please print clearly.)

Supervisor's/Executive Director's Signature: _____

Date: _____

Important

Per the Agency Participation Agreement, please note this form must be completed within 1 business day after a user is no longer affiliated with your Agency.

If you have any questions regarding the completion of this request, please contact the County's Helpdesk at 240-777-2828 or send an email to HelpIT@montgomerycountymd.gov.

After filling out this form, please either scan and email it to the email above or fax it back to HHS IT at 240-777-1575.

To be completed by the HMIS Administrator:

User ID Deactivated: _____

HMIS Administrator Signature: _____

Date: _____

APPENDIX H

DTS Computer Security Guideline

Computer Security Guideline

**Updated September, 2004
Department of Technology Services**

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1. SCOPE

The scope of this Computer Security Guideline includes all County owned or controlled computers (PCs, laptops, PDA's, servers, mini-computers, mainframe computers), all County owned or leased buildings, all data stored on those devices, all printouts, disks, tapes, or other media produced by those devices and all licensed software used on those devices. In addition, this Computer Security Guideline includes communications links to contractors and business partners and extensions of the County's computer network.

This Computer Security Guideline applies to all County employees, contractors, volunteers and persons legitimately affiliated with the County government for the efficient exchange of information and the completion of assigned responsibilities.

2. OVERVIEW

This Computer security Guideline reflects accepted security controls taken from respected security and audit publications and adapted to Montgomery County's technical environment. These data security guidelines and standards have been developed to protect Montgomery County Government's electronic data assets from theft, destruction, and unauthorized use, modification, or disclosure. The loss of these assets could be very costly and disruptive to the County government. In today's computing environment, security controls are a necessity. The citizens of this County will expect us to do what is prudent to protect the computing assets purchased with their tax dollars. Data is one of the most valuable assets of the County government. End-user computing dramatically increases the exposure for theft, corruption, loss, and misuse of County information resources since a significantly larger number of people have access to data and data security controls. A significant percent of direct access storage device capacity is installed outside the Computer Center. Security is an issue that cuts across all computing and organizational tiers. The implementation of security policies and procedures requires cooperation among users, managers, information systems personnel, security and audit personnel and top management.

Access to the entire County's computing and communication resources is to be controlled based on the needs of the County and used for official County business only. Connection and access to computing resources is controlled through unique user identification (user-ids) and authentication (passwords). Each individual granted this privilege is responsible and accountable for work done under their unique identifier.

Computer users will be given access to a copy of the latest version of the Computer Security Administrative Procedure, this guideline, and the *Internet, Intranet, & Electronic Mail Administrative Procedure*. Individuals must adhere to the policies and are responsible for having the latest version of the Administrative Procedure. Refer to the *Internet, Intranet, & Electronic Mail Administrative Procedure* for additional information related to use of the Internet.

3. RESPONSIBILITIES

All Montgomery County Government computing and communication hardware, software, and data is considered to be “owned” by the Montgomery County Government.

The Department of Technology Services (DTS), in accordance with Montgomery County code section 2-58D, is responsible for protecting the integrity of the telecommunications network backbone, for operation and maintenance and security administration of the “enterprise” servers, mainframe and for maintaining the Computer Security Administrative Procedure and these guidelines. DTS is responsible for insuring that computer connections between County departments and with other government agencies are accomplished securely and as authorized.

Management in each department is responsible for ensuring that these computer security guidelines are enforced on the computing resources in their department. These security guidelines will be enforced for employees as well as for contractors and volunteers. Department management is responsible for providing pertinent information and notifying the DTS Security Team if a serious security breach occurs such as an intrusion, theft, or damage of computing resources. The operation, maintenance and security of de-centralized computing resources is the responsibility of department management in accordance with these guidelines.

The Local Area Network (LAN) administrator or decentralized IT staff is responsible for implementing the computer security guidelines described in this document on the servers in their department. LAN administrators will contact DTS network management for allocation of IP addresses.

As a user of data or computing resources or a custodian of those assets, everyone is responsible for data security.

4. PHYSICAL SECURITY

4.1 Guideline

Physical access to servers, individual PCs, and minicomputers will be protected from unauthorized persons. Personnel will not be put at risk of bodily harm.

4.2 Environmental Requirements and Recommendations:

A safe environment must be provided. Fire detection and suppression, and power and air conditioning are examples of the computer environmental protection and safety systems that must be provided.

- Areas with critical computer equipment must be equipped with fire and smoke alarms, and fire extinguishers.
- Critical equipment should be stored in a location that minimizes or prevents water damage due to leaking or flooding.
- Tall and top-heavy items must be stored in a manner anchored at to prevent damage or physical tipping.
- Items on wheels must have locking mechanisms to prevent rolling.

All equipment is to be maintained in a clean environment that meets or exceeds the manufacturer specifications related to temperature and humidity. Equipment areas should be kept free of obstructions. The cleanliness, environmental protection and safety systems are to be regularly monitored, and periodic inspections by qualified personnel should be scheduled. Electrical protection must be provided. Computer systems should have uninterruptible power supplies (UPS) and/or surge suppressors. All electrical wiring must meet state and local building codes. Preventive maintenance on computer and communications must be regularly scheduled. Preventive maintenance as defined by the manufacturer will help ensure that the risk of failure is minimized.

All new computer or communications centers must be located in an area unlikely to experience natural disasters, serious or man-made accidents, and related problems. New and remodeled facilities must be constructed to protect against fire, water damage, vandalism, and other threats that may occur. The location of multi-computer or communications facilities should be selected to minimize risk of damage. Locating such facilities above the ground floor will minimize the chances of water damage and theft. Kitchen facilities also must be located away from, but not directly above or below computer facilities. Due to potential water damage, restroom facilities should not be located directly above these facilities. Computer facilities should not be located adjacent to an exterior wall to protect the systems from unauthorized electromagnetic eavesdropping and damage from bombs.

DTS can provide the needed facilities more economically than creating a new computer center. If a new computer center needs to be created, contact the manager of the DTS computer center for requirements assistance. Local laws and ordinances must be considered when designing these locations.

4.3 Access to Work Areas:

Access to all buildings, computer labs, offices, and work areas containing computer-related equipment must be physically restricted and controlled. Access to servers and wiring closets must be restricted. Only authorized personnel will have access to wire closet/server areas. Authorized persons may include:

- DTS staff
- Outside contractors hired to work in these areas
- Building services and office staff at locations trained to reset equipment
- Fire and/or rescue personnel

Access to computer equipment must be supervised. Access to offices, computer rooms, and work areas containing sensitive information must be physically restricted. Managers responsible for employees working in these locations must determine the appropriate access controls. All multi-user computer and communications equipment such as file servers, labs, and wiring closets must be located in locked rooms to prevent unauthorized usage.

Access to Server Centers or Network Operations Centers (NOCs) is restricted. Only employees whose job responsibilities require access to the client server center will be granted access. The supervisor of a server center or NOC is responsible for authorizing entrance and maintaining a list of those authorized to enter the facility.

Access to magnetic tape, disk, and documentation libraries must be restricted to employees whose responsibilities require access to them. The magnetic tape, disk, and documentation libraries housed within the controlled areas of the Server Center require additional precautions. This access is controlled by the supervisor of the Server Center. Employees are not to permit unknown or unauthorized persons to enter restricted areas as they enter and exit these areas. Physical access controls for County buildings are intended to restrict the entry of unauthorized persons, and employees are expected to help restrict such access.

4.4 Removal of Equipment:

Permission to remove computers or related equipment may be granted only for accepted business purposes. Permission to remove computer equipment must be approved by the director of the department owning the equipment and the reason for lending the equipment must be put in writing stating the reason for which the equipment is loaned. Equipment being removed for needed repairs has implied permission when DTS approved repair processes are followed and a receipt is retained for the equipment.

PC equipment must not be moved or relocated without prior authorization from the appropriate management and/or DTS technical support staff. PC workstations, printers, peripherals, file servers, and electronics are examples of PC equipment covered by this requirement.

All County property must be returned when employees, consultants, or contractors terminate their relationship with County or with a specific work location within the County. It is the responsibility of the supervisor to collect County property from an employee leaving their location. Personnel terminating County employment or moving from one work location to another must inform their supervisor/administrator regarding County property they possess, and building access privileges.

When a computer support employee is involuntarily terminated, due care must be taken. Upon involuntary termination, the employee is to be immediately relieved of all duties and must return all County equipment and information. Their network accounts are to be immediately disabled and they are to be supervised while packing their belongings and leaving County facilities.

A sign-out procedure, approved by department management, must be utilized for laptop computers if there is a shared pool of laptops.

Montgomery County is not responsible for maintenance, damage or loss of personally owned computers or peripherals in the work place.

4.5 Personnel Security

Employees should contact building security if they feel threatened, harassed, or afraid of bodily harm.

Personnel will immediately contact building security if a person:

- becomes unruly
- refuses to leave
- poses a threat to employees, property, or equipment

In the case of an emergency, Montgomery County Police should be immediately contacted or dial 911. This is judgment decision based on the severity of the threat. If in doubt, contact the police first then building security

4.6 Disaster Recovery

A detailed disaster recovery plan must be developed by each department that has a LAN or mini-computer. This plan will detail procedures to follow in the event of the loss of computing hardware, software and/or data. DTS must prepare, periodically update, and regularly review information technology emergency response plans for the DTS data center and for communications systems. The disaster recovery plan must provide for the continued operation of critical systems in the event of an interruption or degradation of service; must allow all critical computer and communication systems to be available in the event of a major loss, such as a flood, earthquake, or tornado; must prioritize the sequence of critical systems being recovered. This plan must be practiced at least once a year; this practice will include restoring data from backup media to insure that restoration procedures are known and to verify the integrity of the backup media. Each test must be followed by a report, and detail the test results, plus any remedial actions taken. The department can evaluate the effectiveness of the plan and make adjustments as appropriate to accomplish the desired goals. The manager of the DTS data center can provide a comprehensive sample of a disaster recovery plan

A business continuity analysis will also be conducted by those responsible for their department computing equipment that identifies the procedures that need to be in place in order to ensure that critical operations could continue in the event of a disaster which destroys their computing capabilities. The conditions that warrant a disaster declaration and the persons responsible for this decision will be specified.

Departments wishing to be supported by the DTS in the event of an emergency or disaster must implement hardware, software, policies, and related procedures consistent with DTS standards. DTS staff is available to work with offices to ensure compliance with DTS standards.

Backup medium must be erased by following the *Data Backup* section in this guideline.

The communications networks should be designed without a single point of failure whenever possible, such as a central switching center, which could affect the availability of network services.

A backup of system wide critical information and software is to be stored in a physically separate, environmentally controlled facility. This facility is to be at least five miles from the site where original copies reside. Additionally, all current supporting materials such as manuals, charts, and diagrams needed for disaster recovery will be housed at the same facility. Supporting materials include anything required by County departments or units that are necessary to maintain day-to-day mission critical operations until recovery. Contact the DTS data center manager for information on the facility used by the data center for backups.

4.7 Emergency Shutdown Procedures

A detailed plan will be developed by each department with their own LAN or Mini-computer to shut down each device in a computer center quickly in the event of an emergency. Emergencies can include fire, loss of environmental controls, computer virus outbreak, natural disasters, etc. The goal is to preserve County resources in an emergency without subjugating the operator to undue risk. Contact the DTS data center manager for a sample of this plan. The DTS security manager or the director of the affected department can make this determination and contact the appropriate department management personnel to implement the emergency shutdown procedures when warranted by the circumstances. This kind of emergency will require every effort to shut down the computing equipment. Unplug the equipment from the County network if shutdown is not possible.

5. DATA SECURITY

5.1 Guideline:

Employees that are permitted access to computer systems must follow guidelines in order to insure that restricted access is maintained. Users of the computer systems will only have the minimal access needed to perform their tasks. Attempts to bypass security procedures to gain unauthorized access to computer resources are unacceptable and may result in disciplinary action. See section 3 paragraph 5 for information regarding disciplinary action.

5.2 Password and user-id Information:

Meaningful passwords will be used to protect access to County networked computer systems (LANs, mini-computers, PCs. Unused and default or installation user-ids will be disabled. Use of powerful user-ids such as those with system administrator attributes will be restricted.

Passwords provide a basic first-level security for restricting access to computer resources. To protect County computer resources properly, passwords are required to access all networked computer systems. Passwords will be simple enough to memorize but unique enough to remain secret. Passwords will not be attached to a terminal or other public place where they are easily compromised. Passwords will not be associated with the current date or a person's name, hobby, or family. Good passwords are not found in the dictionary, contain numeric as well as alphabetic characters, and will be at least eight characters in length. Passwords will not be imbedded in user's automatic sign-on procedures unless approved by that department's management for procedures where it is required. Passwords cannot be changed in less than 2 days.

A maximum of ninety days between password changes is required for network, server and mini-computer access. The change interval for power on passwords for PCs, if used, is at each department's discretion. Where possible, password change will be controlled automatically by security software. Passwords will be individually maintained to ensure confidentiality and individual accountability. Passwords will not be shared with others. If multiple people must share a user-id and password for a sound business reason, refer to the exception procedures in section 8 of this document. If it becomes necessary to give your password to a technical person to fix a problem you are experiencing, the password will be changed immediately after the problem is solved. An account will be suspended after no more than five invalid password attempts in a given day and remain suspended until an administrator can reactivate it. Passwords will not be reused for at least four password cycles. A user-id will be suspended after twelve months of non-use.

Access to computer resources will be terminated immediately for employees who leave County employment or when their responsibilities no longer require them to access those resources. Access will also be terminated immediately for contractors no longer requiring access to County computer resources. Department coordinators are responsible for deleting user-ids of people who have terminated, transferred out of the department, or no longer require computer access. If the department coordinator does not have access rights in order to remove or disable the account, then the coordinator must contact the DTS Security Office and E-messaging Directory Services Team.

Computer system security will prevent a user-id from being logged on in more than two different places at the same time. Just one user-id per computer platform will be assigned to an individual. System privileges, such as supervisory or system administrator attributes are sensitive and are restricted to designated LAN or minicomputer system administrators. When the use of sensitive system privileges is necessary by others (for example, during an on-site visit by field service engineers), the privilege will be immediately removed or the user-id disabled after the user is finished with the specific task.

DTS will test password quality on a periodic basis. If a password is found to be weak, the user will be required to change it.

5.3 Protection of Sensitive Information

Sensitive information includes criminal justice, payroll/personnel, client or patient information and any other data considered confidential by law or departmental policy. Sensitive information will not be stored on a PC unless PC security software has been installed on that PC. Sensitive information should be stored on the mainframe or network server where better security is available to protect the integrity of this information. Access to this information will be restricted to those who have to use it. Examples of information that will be protected from unauthorized access include: word processing documents containing sensitive material, which can be locked (password protected); source code for programs, which can be protected using a source code management tool; databases, which can use built-in

security controls; and production files downloaded from the mainframe or server, which can be protected in a directory where limited access is permitted.

Sensitive information stored on computer diskettes, tapes or printout will be locked in a secure area when not in use and deleted, reformatted or shredded when no longer needed.

The same level of security will be maintained across the various computer platforms (mainframe, mini, LAN or individual PC). If a sensitive file located on the mainframe computer is downloaded to an individual PC, that information on the PC will be protected from unauthorized access in an equivalent manner as it is on the mainframe.

PC's and terminals will not be left unattended with the results of a query containing sensitive information displayed on the screen. If this is necessary, a screen locking feature that blanks the screen until the correct password is entered will be used. Sensitive printouts will not be left on an unattended printer.

Special care will be given for laptop or portable PC's. If possible, sensitive information will be stored on diskettes rather than the hard drive and in a separate secure location from the laptop. Some sensitive information may need to be encrypted in order to ensure adequate security. A power on password will be used. If the PC is lost or stolen, departmental security personnel and the DTS Security Team will be notified immediately, and a complete accounting of what was on that PC will be made.

If possible, unauthorized attempts to access sensitive information will be logged and kept for a period of at least one year. This is information that may be used as evidence in a criminal proceeding and must be protected.

Do not disclose user-ids, passwords or other sensitive information to anyone without verifying their authorization to have this information.

The following statement is wording that will be displayed to users before they are granted computer access. This warning banner will appear each and every time that someone logs into a County computer:

UNAUTHORIZED ACCESS TO THIS NETWORK DEVICE IS PROHIBITED. You must have explicit permission to access or configure this device. All activities performed on this device may be logged, and violations of this policy may result in disciplinary action and may be reported to law enforcement. There is no right to privacy on this device.

5.4 Data Backup:

Data and files that are crucial to the department's operations will be backed up and the retention of at least the last three copies is highly recommended. The frequency of backup is to be commensurate with the frequency of change and the criticality of recovering the lost data in a timely manner. Some data may need to be backed up daily; monthly backups in other cases may be sufficient. When possible, backups will be automated and take place during off-peak hours.

All archival back-up data that is stored off-site must be listed in a current log that shows the date when the information was last modified, as well as the content of the information. All media used to store sensitive, valuable, or critical information for longer than six months must not be subject to rapid degradation. This information must be copied to newer media when the time limits suggested by the manufacturer are exceeded.

Offsite storage facilities will be utilized for copies of backup files containing programs, data or transactions representing current County business that, if lost or destroyed, would be difficult or impossible to recreate. All backups will be retained a minimum of four weeks and at least two copies will be kept in offsite storage. Longer retention periods should be considered based on business requirements. Offsite storage facilities will also be utilized for files containing data with retention requirements imposed by county, federal or state government. Magnetic storage media provided by the offsite storage or disaster recovery facility for the purpose of restoring Montgomery County information will be thoroughly erased after being used. This may be done by programs designed to erase sensitive information or by reformatting the media at least 7 times.

Additional protections, such as mirror disks, RAID technology, and hardware redundancy should be used as appropriate for mission critical applications. Contact the DTS data center manager if you need assistance in setting up backup/restore procedures or need offsite storage procedures

5.5 Virus Control

Virus controls are necessary to prevent the spread of computer viruses to other computers in the network. Virus eradication can be very time consuming and result in the loss of service to the citizens of Montgomery County.

Software not purchased by the County (e.g. software from bulletin boards, software from home computers or any other computer or network), when allowed by County and department policy, will be checked for viruses before use. This includes diskettes, CD-ROMs and information downloaded from the Internet or other on-line services. Information downloaded to the hard drive will be checked immediately upon completion of the download. Diskettes and CD-ROMs received from other departments or agencies or from companies doing business with the County will be checked before use.

All those responsible for departmental computer resources will update those resources with anti-virus signatures on a minimum weekly basis and upgrade to the most current anti-virus release as it becomes available. All PC's and servers that are connected to the county network must have DTS approved, centrally administrated anti-virus software installed and running using a DTS approved configuration. Automatic updates will be utilized if available. Contact the DTS Client Computer Services (DCM) if information is needed on anti-virus software. When DTS issues a security alert and specifies that virus signatures must be updated immediately, those responsible for departmental computer resources must comply.

5.6 Software Security Upgrades

Vendors publish patches and upgrades to their software when they discover security flaws that could allow computer security to be compromised. The DTS Security Team may provide information about enterprise software security issues and patches as available and appropriate.

Because these flaws pose a significant threat, critical security patches for internal computer systems must be applied in a maximum of 30 days after public release. For systems containing sensitive information or are accessible via the Internet, critical security patches must be applied within 7 days of public release. Automatic updates will be utilized if available. If alerted of a specific critical threat that could severely affect County resources, the DTS Security Office may issue a mandatory, short time frame alert to computer administrators to patch specific computer resource in order to reduce the risk of network down time.

Non-critical security patches must be applied to all systems within 90 days of public release.

If, due to incompatibility or other issues, a critical security patch cannot be applied, an exception report must be sent in writing to the DTS Security Office.

On a regular basis, the DTS Security Office will verify software revision and patch levels for all County systems. Refer to the *Vulnerability Assessment and Remediation* section for details.

6. NETWORK SECURITY

6.1 Guideline:

Access to or from the County network is only permitted for authorized employees and other County approved agencies.

6.2 Remote Dial-in Access to County Computer Resources:

Access to remote network services will be in accordance with the *Internet, Intranet, & Electronic Mail Administrative Procedure*. Approval from the department management and the DTS Security Office will be obtained if a user requires a modem at their workstation for remote access. Modems attached to PC's that are connected to a County network can be very risky and will not be authorized unless DTS-approved security measures are implemented. Unauthorized modems attached to PCs or servers that are connected to a County network are prohibited. If remote access from a County owned PC using an attached modem is required, that PC will be disconnected from all LANs or networks. Refer to the *Internet, Intranet, & Electronic Mail Administrative Procedure* document.

6.3 Access from Remote Networks to County Computer Systems

Access from a remote site to any Montgomery County computer resource will be approved by the employee's Department head or designee and by the DTS Security Office. All remote access systems used to access County

computing resources will be approved by the DTS Security Office prior to purchase, installation, or connecting to County resources. Access and security system information must not be disclosed to any 3rd party.

Employees who need remote access to any County computer resources will submit a request in writing to the DTS Security Office stating what the access is to be used for, how long the access is required, and approval from the responsible department official. Contact the DTS Security Office to obtain information and approval for secure remote access options including, but not limited to, VPN, and wireless methods. Modems attached to County computer systems that allow remote access is not an approved remote access method. The list of authorized remote access users will be reviewed periodically by the LAN or mini computer administrator to determine continued need for such access and accuracy of the list. If remote access is no longer required, that access will be terminated.

LAN and mini computer administrators will maintain a log of unsuccessful attempts to access County computers. This log will be maintained for one year.

Encryption of any County-owned data is required if it is to be transmitted over public phone lines, the Internet, or wirelessly. County approved remote access solutions already use encryption.

6.4 Contractor Remote Access

All contractors will meet the same security requirements detailed in this and all other related County documents. The contractor will agree to, and is responsible for, maintaining compliance with all County security policies. Virtual Private Network (VPN) is the current approved remote access method. The sponsoring Department head or designee and the DTS Security Office will approve the remote access request.

The department whose contractor requires remote access to the County's network will present a written justification to the DTS Security Office. All plans for establishing remote access will be approved by the DTS Security Office in advance of implementation. These plans will include at least the following:

- Type of access
- When and how long access will be required
- Security procedures (how contractor access will be controlled)

All contractors requiring access will sign non-disclosure statements and agree to abide by all County security policies and procedures prior to receiving access.

6.5. Extended Networks

Extended Networks are permanent or semi-permanent physical extensions of the County's computer network to a non-County facility and used by non-County employees to access County computer resources.

All network extensions to a contractor or business partner facility will meet the same security requirements detailed in this and all other related County documents. The Contractor/Business Partner (C/BP) will agree to, and is responsible for, maintaining compliance with all County security policies.

The Department requesting the extended network will present a written justification to the DTS Security Office for granting a C/BP access to the County's network from a remote location.

The C/BP will provide a secure link (e.g., T-1) between the C/BP site and the County's Computer Center. All plans for establishing a link will be approved by the DTS Security Office in advance of installation. These plans will include the following:

- Type of connection
- How long connection will be required
- Hours of operation
- Number and type of workstations and servers at remote location
- Physical security plan
- Security Procedures (including keeping all security systems up-to-date)
- Anti-virus procedures
- Whether Internet access is required for any workstations
- The process of disconnecting the C/BP once the connection is no longer needed

All material submissions mentioned above will be submitted by the Contractor / Business Partner to the County Department requesting the extended network, which will coordinate reviews and approvals with the DTS Security Office.

The C/BP will maintain all security provisions, detailed in this guideline, while the remote location is connected to the County network. All employees that have access will sign non-disclosure statements, receive security training, and agree to abide by all County Security Policies and procedures (sign County security agreement), prior to receiving access. All training materials will be approved by the DTS Security Office in advance.

A list of employees with authorized access will be kept up to date and provided in a monthly report to the DTS Security Office. Requests for additional staff access will be approved by the DTS Security Office or County contract administrator prior to granting the access.

The C/BP will permit the DTS Security Office to inspect the remote location without notice, at any time. This may include technical security scanning of the C/BP network segment and any system connected to it.

The C/BP network segment, defined as all workstations, servers, and network equipment connected to the County, will not also be connected to any other network (including the C/BP own internal network). Remote access to the C/BP network segment will NOT be permitted; dial-in or dial-out will not be allowed.

Failure to maintain full compliance with the County's security policies will result in immediate termination of the connection, and may be cause for cancellation of any contract between the County and the C/BP.

6.6 Vulnerability Assessment and Remediation

System/network administrators need to have a vulnerability assessment performed against their assets on a bi-yearly basis. All aspects of this guideline will be evaluated for risk assessment. The security manager will determine the exact schedule. The security manager may also define any additional security assessments other than those described here. In cases where networks reside behind firewalls, multiple assessments should be conducted from both the internal and external sides (or all sides) of the firewalls.

The security manager will be responsible for conducting scans against common infrastructure. The security manager may also conduct scans at random intervals provided that this activity doesn't interfere with business operations. In cases where loss of services might occur, the security manager will coordinate with the appropriate administrators/authorities prior to the assessment.

System/network administrators will only be allowed to scan segments that they're responsible for. Also, the security manager will determine what signatures and scanning methods will be allowed. If sufficient controls do not exist, then the security manager will conduct a scan on behalf of the administrator.

As a general rule, if a vulnerability assessment reveals high-risk vulnerabilities, administrators will have one week to make appropriate changes. Medium-risk vulnerabilities will be addressed within one month. The security manager will coordinate with administrators to adjust this timeline as necessary. If no working patch or configuration change exists or if it will cause an extended or re-occurring stop to business operations, the security manager will evaluate any alternatives or provide a waiver. If high risk vulnerabilities are not remediated within the allotted time, the system may be disconnected from the network. In any case, the security manager will be available to assist administrators in developing remediation solutions. Notify the security manager with results of the vulnerability assessment.

All system or network installations must be reported to the security manager prior to implementation. This should include the following:

- New or changed network access points (RAS, VPN, wireless, etc.)
- New or changed network segments
- New or changed business applications
- New or changed application/network servers

New installations must meet County Computer Security Administrative Procedure and be scanned for vulnerabilities using tools approved by the DTS Security Office prior to implementation.

6.7 802.11 wireless access

All wireless access points must be approved by the network manager or the security manager. A secure setup on these devices is critical and must be performed by the network team. All other wireless access points connecting to the County network are not permitted. Any existing wireless access points not setup by the network team must be disconnected immediately and the network manager notified to secure the wireless access appropriately.

7. CONDUCT AND USE

7.1 Guideline:

County computer systems should only be used in a legal manner.

7.2 Use of County Computer Resources

All use of computer facilities, networks, and technology resources are for County business purposes. Each user of these technology systems is accountable for using these systems responsibility, following all policies, regulations, security requirements, and laws.

As such, all electronic mail messages, files on personal computers or servers, or any information stored on or transmitted by County computers are subject to be reviewed, copied, stored, archived, and monitored for violation of policies, regulations, and local, state or federal laws.

7.3 Adherence to Software Copyrights

No unauthorized copies of licensed software may be made or used. It is a violation of copyright and trade secret laws and licensing agreements to make or use unauthorized copies of any licensed software. An inventory of all software will be made periodically to determine if the software is properly licensed. Automated tools such as software metering may be used to ensure compliance with license agreements. If illegal copies of software are found, they are to be deleted from the system immediately or properly licensed to protect the County from litigation. This discovery and deletion will be documented.

7.4 Security Measures

Users are not to disable or modify security measures installed on any computer for any reason without permission from the appropriate staff. Security measures include such things as menu software, operating systems settings, and anti-virus software. If it is necessary to disable security to perform a hardware or software installation, security measures must be reactivated when installation is complete.

8. EXCEPTIONS

8.1 Guideline:

Exceptions to any of these guidelines must be approved by the department management and the DTS Security Office. Exceptions will be directed to DTS Security Office by departmental management, in writing or via email, for prompt consideration. A detailed description of the exception will be included as well as the business purpose for this exception and what additional precautions that could be taken to reduce the risk to the County network if the exception is granted. An example of additional security precautions may include restricting internet access and eliminating floppy disk and CD drives on the PC or disconnect from the County network.

There are some older computer platforms in use in the County which lack the capability to implement some of the security procedures outlined in this document. Upgrades or replacements to these computer platforms will be purchased as soon as possible and until this occurs all sensitive information will be moved off these computers. These system exceptions must be documented in writing to the DTS Security Office.

9.0 Guideline Updates

9.1 Guideline:

The Computer Security Guidelines must be changeable as the need arises.

APPENDIX I

Client Delete Request Form

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
CLIENT DELETE REQUEST POLICY**

The purging of a client from HMIS may occur in one of two ways:

1. **Deletion:** The client record is marked as “inactive” removing the client from all stock reports as well as the client search population, but the client remains in the database and their information can be accessed through custom reports generated in Report Writer or in the Business Objects Advanced Reporting Tool (ART).
2. **Removal:** The client record is completely taken out of the database by the software vendor and is no longer accessible or restorable.

REASONS FOR POLICY:

1. As the HMIS ADMINISTRATOR implementation goes forward situations may arise that necessitate the purging of a client and his/her information from the HMIS ADMINISTRATOR database. These reasons include:
 - a. For added security when a client is in danger.
 - b. To correct an accidental duplicate entry and other data entry errors.
 - c. In response to a client request.
2. Since multiple providers may be involved in the use and updating of a single client record, it is necessary that the deletion/removal of a client record be coordinated so that one provider does not inadvertently delete/remove the data of another provider.

STATEMENT OF POLICY:

1. The safety and well being of the client will supersede other considerations in all decisions regarding the deletion/removal of client records from the HMIS database.
2. Except for reasons of client safety and the proper correction of data entry errors, the deletion or removal of client records from the database is discouraged.
3. When deletion or removal is deemed necessary, every effort will be made to identify, notify, and consult with affected providers prior to the deletion/removal.

PROCEDURE:

1. For correction of duplicate client entry and other data entry errors.
 - a. When purging for error correction, the deletion method (as opposed to removal) will

be utilized in all situations.

b. If after creating a new client, a user discovers that the client already existed in the database, the user should notify the HMIS Administrator. In situations where the duplicate entry is discovered after a long period of time (over 30 days), and after entry of assessment data into the duplicate entry, the user should consult with the HMIS Administrator to determine which other providers have edited the record and how the error can best be corrected. In general, for this type of error, deletion should be used only when the error cannot be effectively and practically corrected by editing or other correction methods.

2. When a client is in danger.

a. There are several functionalities built into ServicePoint to provide additional security

for clients who are in danger of physical attack or abuse. These include the unnamed client feature, closing the client profile, and the anonymous functionality all of which are available and are preferable to deleting/removing the client record.

b. In extreme cases however, and where a client comes into danger after significant

data has been entered, it is sometimes necessary to delete or remove the client from the database for their protection.

c. Any decision to delete/remove for security/safety reasons should be made in consultation with the DHHS HMIS Contract Monitor(s).

d. When a client is purged for security/safety reasons, the HMIS Administrator will identify and notify any/all provider(s) that are affected.

3. Removal at the requests of the client.

a. In general, client requests for having their record deleted or removed should be discouraged unless for valid reasons of safety/security.

b. Deletion/removal at the request of a client may result in an inability for that client to receive future services.

c. When a client requests deletion/removal for invalid reasons, they should be presented with the option of closing the client profile as a viable alternative.

d. Any decision to purge the record at a client's request should be made in consultation with the System Admin I and with the HMIS Administrator.

e. When a client is deleted or removed at a client's request, the HMIS Administrator will identify and notify any/all provider(s) affected.

f. In cases where removal is provided for invalid reasons, HMIS Administrator reserves the right to pass on the costs associated with such removal.

APPENDIX J

HMIS Data Quality Standards

**MONTGOMERY COUNTY, MARYLAND (MCMD)
CONTINUUM OF CARE (CoC)
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
DATA QUALITY STANDARDS**

Although there are many aspects of good quality data, the key indicators commonly are:

Validity

All data items held on HMIS application computer systems must be valid. Where codes are used, these will comply with national standards or map to national values. Wherever possible, the HMIS application is programmed to only accept valid entries.

Completeness

All mandatory data items must be completed. Use of default codes should only be used where appropriate, and not as a substitute for real data.

Consistency

Client's entry date should match the date of enrollment into supportive services only, emergency shelter, transitional shelter, and permanent supportive housing program. For outreach providers entry date should match the initial date of engagement. Exit dates should match the date the client leaves the program. The APR Entry Assessment, which includes the 2010 HUD Universal Data Elements, must be collected at program entry and updated weekly. Additional assessments may be required at entry dependent on program type. APR Exit Assessment must be completed upon program exit. The HMIS Application is monitored daily to ensure no client is enrolled in multiple residential programs at the same time.

Coverage

Data will reflect all the work done by the end users of the HMIS application. Client intake, shelter stay, and services should all be recorded. Correct procedures are essential to ensure complete data capture.

Accuracy

Data recorded in notes and on computer systems must accurately reflect self-reported information from the client. Every opportunity should be taken to check client's demographic details with the client themselves. Inaccurate demographics may impact service delivery and create duplicate records. The accurate recording of data items must however not be allowed to delay urgent treatment of the client.

Timeliness

Data must be entered into the HMIS Application within two (2) business days of client report. Recording of timely data is beneficial to providing services to the client.

Last Updated: January 2014

2018 HDX Competition Report

PIT Count Data for MD-601 - Montgomery County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	981	894	840
Emergency Shelter Total	589	563	531
Safe Haven Total	35	37	28
Transitional Housing Total	261	163	148
Total Sheltered Count	885	763	707
Total Unsheltered Count	96	131	133

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	151	163	124
Sheltered Count of Chronically Homeless Persons	107	112	94
Unsheltered Count of Chronically Homeless Persons	44	51	30

2018 HDX Competition Report

PIT Count Data for MD-601 - Montgomery County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	109	86	85
Sheltered Count of Homeless Households with Children	109	84	85
Unsheltered Count of Homeless Households with Children	0	2	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	41	17	14	18
Sheltered Count of Homeless Veterans	27	12	11	18
Unsheltered Count of Homeless Veterans	14	5	3	0

2018 HDX Competition Report

HIC Data for MD-601 - Montgomery County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	283	59	224	100.00%
Safe Haven (SH) Beds	34	0	34	100.00%
Transitional Housing (TH) Beds	170	20	150	100.00%
Rapid Re-Housing (RRH) Beds	289	0	289	100.00%
Permanent Supportive Housing (PSH) Beds	2042	0	1922	94.12%
Other Permanent Housing (OPH) Beds	201	0	201	100.00%
Total Beds	3,019	79	2820	95.92%

2018 HDX Competition Report

HIC Data for MD-601 - Montgomery County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	210	249	425

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	55	55	89

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	182	180	289

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for MD-601 - Montgomery County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	2325	2305	89	96	7	46	49	3
1.2 Persons in ES, SH, and TH	2576	2452	144	124	-20	59	60	1

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2290	2310	164	254	90	64	79	15
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2539	2480	222	291	69	86	97	11

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	49	18	37%	2	4%	5	10%	25	51%
Exit was from ES	638	38	6%	35	5%	42	7%	115	18%
Exit was from TH	114	6	5%	3	3%	4	4%	13	11%
Exit was from SH	29	2	7%	3	10%	4	14%	9	31%
Exit was from PH	239	3	1%	6	3%	7	3%	16	7%
TOTAL Returns to Homelessness	1069	67	6%	49	5%	62	6%	178	17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	981	894	-87
Emergency Shelter Total	589	563	-26
Safe Haven Total	35	37	2
Transitional Housing Total	261	163	-98
Total Sheltered Count	885	763	-122
Unsheltered Count	96	131	35

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	2675	2507	-168
Emergency Shelter Total	2343	2287	-56
Safe Haven Total	69	66	-3
Transitional Housing Total	471	290	-181

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FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	350	334	-16
Number of adults with increased earned income	33	20	-13
Percentage of adults who increased earned income	9%	6%	-3%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	350	334	-16
Number of adults with increased non-employment cash income	104	80	-24
Percentage of adults who increased non-employment cash income	30%	24%	-6%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	350	334	-16
Number of adults with increased total income	125	90	-35
Percentage of adults who increased total income	36%	27%	-9%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	162	159	-3
Number of adults who exited with increased earned income	30	23	-7
Percentage of adults who increased earned income	19%	14%	-5%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	162	159	-3
Number of adults who exited with increased non-employment cash income	40	28	-12
Percentage of adults who increased non-employment cash income	25%	18%	-7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	162	159	-3
Number of adults who exited with increased total income	64	46	-18
Percentage of adults who increased total income	40%	29%	-11%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2228	2144	-84
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	622	616	-6
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1606	1528	-78

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2438	2308	-130
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	769	734	-35
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1669	1574	-95

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FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	312	102	-210
Of persons above, those who exited to temporary & some institutional destinations	89	25	-64
Of the persons above, those who exited to permanent housing destinations	60	19	-41
% Successful exits	48%	43%	-5%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2091	2016	-75
Of the persons above, those who exited to permanent housing destinations	668	717	49
% Successful exits	32%	36%	4%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	1939	1889	-50
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1880	1842	-38
% Successful exits/retention	97%	98%	1%

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FY2017 - SysPM Data Quality

MD-601 - Montgomery County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	270	268	257	260	264	273	284	178	1882	1924	1948	2030		75	160	180				
2. Number of HMIS Beds	270	268	257	260	264	273	284	178	1743	1800	1812	1927		75	104	121				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	92.61	93.56	93.02	94.93		100.00	65.00	67.22				
4. Unduplicated Persons Served (HMIS)	2607	2524	2384	2330	428	419	470	317	1848	1903	1946	2033	122	213	329	358	462	454	361	431
5. Total Leavers (HMIS)	2176	2199	2045	1994	183	186	267	193	177	194	185	181	39	67	144	141	382	390	304	304
6. Destination of Don't Know, Refused, or Missing (HMIS)	876	826	937	840	23	25	34	12	21	12	16	23	5	7	11	16	199	200	132	125
7. Destination Error Rate (%)	40.26	37.56	45.82	42.13	12.57	13.44	12.73	6.22	11.86	6.19	8.65	12.71	12.82	10.45	7.64	11.35	52.09	51.28	43.42	41.12

2018 HDX Competition Report

Submission and Count Dates for MD-601 - Montgomery County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/24/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

Implementation of Coordinated Entry System

ELIGIBILITY CRITERIA/ PRIORTIZATION

STREET OUTREACH

Street Outreach (SO) is designed to increase access and connection to services for people who are living unsheltered on the streets including the provision of urgent, non-facility-based care to people who are unsheltered who are unwilling to or unable to access emergency shelter, housing, or an appropriate health facility.

Providing outreach and engagement, in the geographic location where individuals and families experiencing homeless reside, including streets, parks, campsites, abandoned building, cars, bus or train station, and other places not meant for human habitation with the intention to establish relationships, build trust and rapport, provide necessities, and begin the process to link households to housing and support services.

Eligibility Criteria

Providers of Street Outreach program will serve households who meet the HUD definition of Literally homeless (Category 1). There are no additional eligibility criteria for receiving street outreach services.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Prioritizing Eligible Households for Street Outreach

Montgomery County CoC has established that there is no prioritization for Street Outreach services.

In-Reach is designed to provide nurturing relationships with persons receiving existing services to maintain, solidify, or increase support to remove barriers to obtaining stable housing by assessing existing levels of stability/service and/or resources.

In-reach providers are typically those that have existing supportive services in a stationary setting/building where persons gather. In-reach providers do not go out and seek persons for services. They offer their housing focused case management services to persons who have sought assistance and often collaborate with outreach providers to get unknown persons engaged.

Eligibility Criteria

Providers of In-Reach program will serve households who meet the HUD definition of Literally homeless (Category 1), Imminent Risk of Homelessness (Category 2), Homeless under other Federal Statutes (Category 3) or Fleeing/Attempting to Flee Domestic Violence (Category 4). There are no additional eligibility criteria for receiving street outreach services.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Category 2: Imminent Risk of Homelessness

Consumers qualify as Category 2 if they are:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 3: Homeless under other Federal Statutes

Consumer qualify as Category 3 if they are:

- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless;
- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

- Have experienced persistent instability as measure by two moves or more during in the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Consumers qualify as Category 4 if they are:

- Fleeing or attempting to flee, domestic violence
- Has no other residence, and
- Lack resources or support networks to obtain other permanent housing on their own

Prioritizing Eligible Households for In-Reach

- Montgomery County CoC has established that there is no prioritization for In-Reach services.

EMERGENCY SHELTER FOR FAMILY

Eligibility Criteria

For family emergency shelter, consumers must meet the HUD definition of Literally homeless (Category 1) or Fleeing/Attempting to Free Domestic Violence (Category 4). Once meeting the Category 1 or 4 eligibility requirements, consumers are then prioritized by Montgomery County's target populations.

Programs may not establish additional eligibility requirements beyond those specified in Category 1 and 4 and those required by funders.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Consumers qualify as Category 4 if they are:

- Fleeing or attempting to flee, domestic violence

- Has no other residence, and
- Lack resources or support networks to obtain other permanent housing

Prioritizing Eligible Households for Emergency Shelter for Families

Montgomery County CoC has established the following priority populations for ES for families. This prioritization encompasses Montgomery County CoC's coordinated entry system:

1. Veteran
2. Chronically homeless families
3. Households with the most severe service needs (VI-SPDAT will be used to determine the severe service needs)
4. Households with the longest history of homelessness
5. Transitional age youth (young adults)

SAFE HAVEN

Eligibility Criteria

For Safe Haven programs, consumers must meet the HUD definition of homelessness under Category 1. Once meeting the Category 1 eligibility requirements, consumers are then prioritized by Montgomery County's target populations.

Safe Haven program will serve household with a severe and persistent mental illness (SPMI) diagnosis (also known as a Priority Population) or a dual diagnosis of SPMI and substance use. This should be a current diagnosis, or documented symptoms that would result in a diagnosis once the client is seen by a psychiatrist.

Programs may not establish additional eligibility requirements beyond those specified above in Category I and those required by funders.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Prioritizing Eligible Households for Safe Haven

Montgomery County CoC has established the following priority populations for SH for individuals. This prioritization encompasses Montgomery County CoC's coordinated entry system:

1. Households with the most severe service needs (VI-SPDAT and Acuity Scale will be used to determine the severe service needs)

TRANSITIONAL HOUSING

Eligibility Criteria

For transitional housing programs, consumers must meet the HUD definition of homelessness under Category 1 or Category 4. Once meeting the Category 1 or 4 eligibility requirements, consumers are then prioritized by Montgomery County's target populations.

Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Consumers qualify as Category 4 if they are:

- Fleeing or attempting to flee, domestic violence
- Has no other residence, and
- Lack resources or support networks to obtain other permanent housing
- Household does not have resources or support networks to resolve homelessness without assistance.

- Households without minor children scoring 4 – 8 on the VI-SPDAT or 20 – 37 on the Full SPDAT. Households with minor children scoring 4 – 9 VI-FSPDAT or 27 – 57 on the Full SPDAT.
- Transition age young adults 18 – 24 scoring 2 or 3 can be considered as the VI-SPDAT and VI-FSPDAT do not consistently capture this age group vulnerability and need for supportive services to transition to independent permanent housing.
- Households scoring 9 or 10, can be considered if also scoring low to mid-acuity and/or there is no demonstrated need for on-going case management.

Prioritizing Eligible Households for Rapid Re-housing

Montgomery County CoC has established the following priority populations for RRH for individuals and families. This prioritization encompasses Montgomery County CoC's coordinated entry system:

1. Veteran
2. Chronically homeless individuals and families
3. Households with the longest history of homelessness
4. Head of households between the ages 18-24

BRIDGE HOUSING

The Bridge Housing model is **temporary housing used as a short-term stay when a participant has been offered and accepted a permanent housing intervention**, but access to that permanent housing is still being arranged.

Eligibility Criteria

For bridge housing programs, consumers must meet the HUD definition of homelessness under Category 1 or Category 4. Once meeting the Category 1 or 4 eligibility requirements, consumers are then prioritized by Montgomery County's target populations.

Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.

- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Consumers qualify as Category 4 if they are:

- Fleeing or attempting to flee, domestic violence
- Has no other residence, and
- Lack resources or support networks to obtain other permanent housing

RAPID RE-HOUSING

Eligibility Criteria

For rapid re-housing programs, consumers must meet the HUD definition of homelessness under Category 1 or Category 4. Once meeting the Category 1 or 4 eligibility requirements, consumers are then prioritized by Montgomery County's target populations.

Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Consumers qualify as Category 4 if they are:

- Fleeing or attempting to flee, domestic violence
 - Has no other residence, and
 - Lack resources or support networks to obtain other permanent housing
- Household does not have resources or support networks to resolve homelessness without assistance.
 - Households without minor children scoring 4 – 8 on the VI-SPDAT or 20 – 37 on the Full SPDAT. Households with minor children scoring 4 – 9 VI-FSPDAT or 27 – 57 on the Full SPDAT.
 - Transition age young adults 18 – 24 scoring 2 or 3 can be considered as the VI-SPDAT and VI-FSPDAT do not consistently capture this age group vulnerability and need for supportive services to transition to independent permanent housing.
 - Households scoring 9 or 10, can be considered if also scoring low to mid-acuity and/or there is no demonstrated need for on-going case management.

Prioritizing Eligible Households for Rapid Re-housing

Montgomery County CoC has established the following priority populations for RRH for individuals and families. This prioritization encompasses Montgomery County CoC's coordinated entry system:

5. Veteran
6. Chronically homeless individuals and families
7. Households with the longest history of homelessness
8. Head of households between the ages 18-24

PERMANENT SUPPORTIVE HOUSING

Eligibility Criteria

For permanent supportive housing programs, consumers must meet the HUD definition of homelessness under Category 1. Once meeting the Category 1 eligibility requirements, consumers are then prioritized by Montgomery County's target populations.

Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders.

Category 1: Literally Homeless

Consumers qualify as Category 1 if they are:

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground, etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for ≤ 90 days and were residing in an emergency shelter or place not meant for human habitation immediately prior to entering the institution.
- Household does not have resources or support networks to resolve homelessness without assistance.
- Households without minor children scoring 9 + on the VI-SPDAT or 38+ on the Full SPDAT.
- Households with minor children scoring 10+ VI-FSPDAT or 58+ on the Full SPDAT.

Prioritizing Eligible Households for Permanent Supportive Housing

Montgomery County CoC has established the following priority populations for PSH for individuals and families. This prioritization encompasses Montgomery County CoC's coordinated entry system:

1. Veteran
2. Chronically homeless individuals and families
3. Households with the most severe service needs (VI-SPDAT and Acuity Scale will be used to determine the severe service needs)
4. Households with the longest history of homelessness

RACIAL DISPARITIES AMONG PEOPLE EXPERIENCING HOMELESSNESS IN MONTGOMERY COUNTY, MARYLAND

ANNA BLASCO, SEPTEMBER 7, 2018

INTRODUCTION

People of color are over represented in the homeless population. The 2017 Point-in-Time Count found 40.6% of people experiencing homelessness on a single night across the U.S. were Black, compared to 12.6% of the U.S. population.¹ This represents a racial disparity, defined by *The Sentencing Project* as “when the proportion of a racial or ethnic group within the control of the system is greater than the proportion of such groups in the general population.” Disparities may be the result of overt racism or bias from individuals or systems, or it may result from the subtle influence of many factors that are indirectly related to race.² The purpose of this paper is to understand where bias and inequalities are being perpetuated within the homeless system so the community can address them.

This paper follows guidance from the National Alliance to End Homelessness, which recommended communities begin to address racial disparities by examining data. The Alliance recommends two primary paths of inquiry: reviewing how demographic data among people experiencing homelessness compares to Census data on the general population; and analyzing who is becoming homeless, and how successfully different populations are exiting the system to permanent housing.³ This paper addresses these proposed research topics in the form of four key questions:

1. Who experiences homelessness in Montgomery County?
2. Where do people stay before becoming homeless?
3. What does homelessness look like for different populations?
4. How successful is the County at ending homelessness for everyone?

This paper begins by exploring why race is important to consider when addressing homelessness and reviews recent research on the intersection of race and homelessness. This is followed by a summary of Montgomery County’s demographics, housing costs, cost of living, as well as the historical and social forces which have shaped housing in the County. The four research questions above are each considered. Finally, recommendations for further inquiry are proposed.

¹ Henry, Meghan et al. “The 2017 Annual Homeless Assessment Report (AHAR) to Congress.” U.S. *Department of Housing and Urban Development*, Dec. 2017. <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>

² “Reducing Racial Disparity in the Criminal Justice System A Manual for Practitioners and Policymakers,” *The Sentencing Project*, 1 Sep. 2008, <https://www.sentencingproject.org/publications/reducing-racial-disparity-in-the-criminal-justice-system-a-manual-for-practitioners-and-policymakers/>.

³ Crawford, Chandra and Mindy Mitchell. “Addressing Racial Disparities Among People Experiencing Homelessness: Start with Data,” 8 Aug. 2018, <https://endhomelessness.org/addressing-racial-disparities-among-people-experiencing-homelessness-start-data>.

WHY RACE MATTERS IN HOMELESSNESS

Homelessness has negative impacts on the health of people who experience it. Homelessness is associated with higher mortality rates and chronic health issues.⁴ Pregnant women experiencing homelessness are more likely to have babies with a low birth weight, and infant mortality for children of homeless mothers is higher than the general population. Homeless children are at increased risk of health problems. Children who experience homelessness were found to have double the rates of upper respiratory infections and minor skin ailments, and were more likely to have ear disorders than the general population.⁵ Homelessness can also exacerbate existing health problems, making it more difficult to get health care and adhere to treatment regimens.⁶

Racial and ethnic minorities also face inequalities in health. The Center for Disease Control reports that rates of premature death from stroke and heart disease, infant mortality, and homicide were higher among Black persons than White persons. Rates of tuberculosis are higher among racial and ethnic minority groups than among Whites. Non-Asian racial and ethnic minorities also continue to have higher rates of HIV diagnoses than Whites, and doctors are less likely to prescribe antiretroviral therapy to Black persons.⁷

Researchers believe that homelessness is primarily the result of a mismatch between the cost of available housing and incomes. Higher rents, particularly within the most affordable percentile of the housing market, are associated with increased homelessness.⁸ Increased housing costs do not impact different populations the same way. The American Community Survey found that on average, White households pay 29% of their income towards rent, while Hispanic households pay 32%, and Black households pay 37%.⁹ Other housing problems like residential segregation, discrimination, environmental factors, and wealth and equity gaps disproportionately affect people of color.¹⁰

⁴ Jones, Marian Moser. "Does Race Matter in Addressing Homelessness? A Review of the Literature." *World Medical and Health Policy*, vol. 8, no. 2, 2016, pp. 139 – 156.

⁵ Rafferty, Yvonne and Shinn, Marybeth. "The Impact of Homelessness on Children." *American Psychologist*, vol. 46, no. 11, 1991, pp. 1170-1179, <http://dx.doi.org/10.1037/0003-066X.46.11.1170>.

⁶ Hwang, Stephen W. "Homelessness and Health." *CMAJ: Canadian Medical Association Journal*, vol. 164, no. 2, 2001, pp. 229–233 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC80688/>.

⁷ "CDC Health Disparities and Inequalities Report." *Center for Disease Control and Prevention*. Nov. 2013, <https://www.cdc.gov/minorityhealth/chdireport.html>

⁸ Honig, Marjorie and Filer, Randall K., "Causes of Intercity Variation in Homelessness." *The American Economic Review*, vol. 83, no. 1, 1993, pp. 248-255, <https://www.jstor.org/stable/2117507?seq=1>

⁹ "Topic Indicators: Affordable Housing," *ACT Rochester*, <http://www.actrochester.org/housing/affordable-housing/median-rental-prices/median-gross-rent-by-race-ethnicity/data-tables>.

¹⁰ Matthew, Dayna Bowen et al., "Time for justice: Tackling race inequalities in health and housing." *Brookings*, 19 Oct. 2016, <https://www.brookings.edu/research/time-for-justice-tackling-race-inequalities-in-health-and-housing/>

This paper accepts the argument that a color-blind solution to homelessness is less effective than one that considers the racial structures that create different paths into and out of homelessness.¹¹ If Montgomery County hopes to end homelessness, it must do so for everyone, with the understanding that homelessness does not impact all groups equally, and that paths into and out of homelessness may look different for different populations.

SUMMARY OF RECENT RESEARCH

This section provides a brief overview of existing research on the relationship between race and homelessness which has informed this report. In a review of the literature, Marian Moser Jones found Black homeless adults tend to be younger, less likely to be married, and experience fewer and shorter homelessness episodes than white homeless adults. One study suggested that Black households are more likely to experience homelessness due to external issues such as discrimination, while White households are more likely to have serious mental illness as the root cause. Regarding ethnicity, one study suggested Hispanic households experience homelessness at disproportionately lower rates due to a tendency to “double up” with family or friends.¹²

A recent study of data from six communities by The Center for Social Innovation examined outcomes of the homeless system by race. It found American Indian and Alaska Natives were 48% more likely to exit to homelessness than other persons, but were less likely to do so with a permanent housing subsidy. Native Hawaiian and Other Pacific Islander persons were more likely to exit into permanent housing with a subsidy.¹³ A study found Black persons experiencing homelessness had longer stays in homelessness than White persons. White persons experiencing homelessness were more likely to move between three or more communities during their homelessness episode.¹⁴

A study of youth experiencing homelessness found that Black young people aged 18 to 25 are overrepresented. This population as estimated to have an 83% increased risk of having experienced homelessness over youth of other races, even when controlling for other factors

¹¹ Jones 141

¹² Jones 140

¹³ Olivet, Jeffrey et al. *Supporting Partnerships for Anti-Racist Communities, Phase One Study Findings*. Center for Social Innovation, 2018. <http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf>

¹⁴ Carter III, George R. “From Exclusion to Destitution: Race, Affordable Housing, and Homelessness.” *Cityscape*, vol. 13, no. 12, 2011, pp. 33-70 <http://www.jstor.org/stable/20868768>

such as income and education. The authors proposed rates of school suspensions, incarceration, and foster care placement to be contributing factors to this discrepancy.¹⁵

¹⁵ Morton, M.H., Dworsky, A., & Samuels, G.M. *Missed opportunities: Youth homelessness in America, National Estimates*. Chicago, IL. Chapin Hall at the University of Chicago, 2017.
<http://voicesofyouthcount.org/brief/national-estimates-of-youth-homelessness/>

ABOUT MONTGOMERY COUNTY

This section provides context about the focus of this report, Montgomery County, Maryland. It provides information about demographics, housing costs, and the cost of living. Finally, this section concludes with a note about the historical and social context which continues to impact the housing market in the County.

DEMOGRAPHICS

The racial makeup of Montgomery County according to the U.S. Census looks different from both Maryland and the United States as a whole. A larger proportion of people identified their race as Multi-Racial and Asian in Montgomery County than in Maryland or the U.S. A slightly higher proportion of people identified their race as Black in Montgomery County than in the U.S. The state of Maryland has a higher percentage of Black persons than the County. Montgomery County has a higher proportion of people identifying as Hispanic or Latino than the state.¹⁶

TABLE 1: GENERAL POPULATION DATA ACCORDING TO U.S. CENSUS

	Montgomery County	Maryland	United States
BLACK OR AFRICAN-AMERICAN	17.8%	29.6%	12.6%
WHITE	55.2%	57.2%	73.3%
ASIAN	14.6%	6.1%	5.2%
MULTIPLE RACES	4.2%	3.1%	3.1%
HISPANIC OR LATINO	18.6%	9.2%	17.3%

HOUSING COSTS

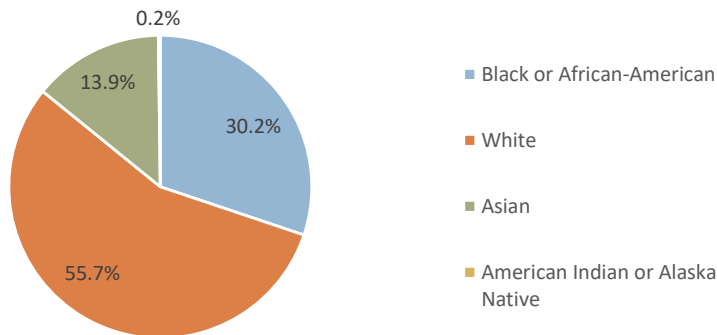
Renter households compose 34% of households in the County. Housing costs for renters in the County are high. The National Low Income Housing Coalition estimates a person earning

¹⁶ "American FactFinder Montgomery County, Maryland." *U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates*, <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

minimum wage in the County would need to work 137 hours a week to afford a modest two-bedroom apartment in Montgomery County.¹⁷

Over half of renter households in the County are “housing cost burdened,” meaning they pay more than 30% of their income towards rent. Under a quarter (22.1%) pay more than 50% of their income towards rent in the County. Black persons are disproportionately housing cost burdened, making up just 17.8% of the County population but 30% of households paying more than half their income towards rent. Housing cost burdens are even higher for low income residents of the County. Of the poorest renter households, those making under 30% of the Area Median Income, 63% pay more than half their income towards rent.¹⁸

HOUSEHOLDS PAYING OVER 50% OF INCOME TOWARDS RENT



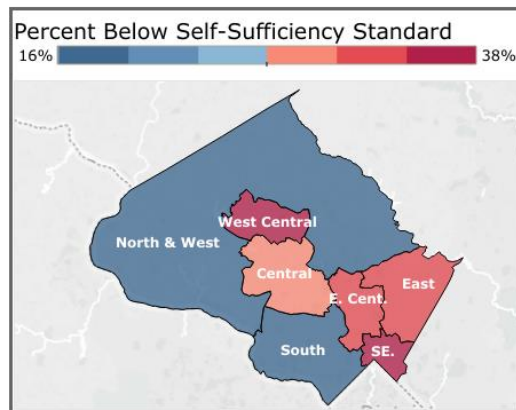
COST OF LIVING

Looking at housing costs alone ignores that people have other basic needs that people must meet. Another measure of the income needed to live in Montgomery County is the Self-Sufficiency Standard. The Self-Sufficiency Standard is a measure of the income people need to meet their basic needs. The Standard considers six basic needs. These are: housing, child care, food, transportation, health care, and other needs such as clothing. This report refers to Montgomery County as if it was uniform. Yet Self-Sufficiency data reveals that some regions in the County have a higher percentage of households struggling to afford the cost of living.¹⁹

¹⁷ “Out of Reach 2018: Maryland,” *National Low Income Housing Coalition*, <http://nlihc.org/oor/maryland>.

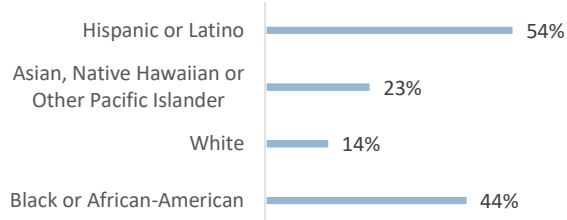
¹⁸ Consolidated Planning/Comprehensive Housing Affordability Strategy (CHAS) Data, 2011-2015 American Community Survey 5-year average, <https://www.huduser.gov/portal/datasets/cp.html>

¹⁹ “Overview of the Self-Sufficiency Standard.” *Montgomery County CountyStat*. 14 March 2018. https://public.tableau.com/profile/countystat#!/vizhome/Self-SufficiencyStandard_FD3/Title



Racial and ethnic minorities are disproportionately represented in the share of households below the Self-Sufficiency Standard. Hispanic or Latino persons have the highest rates of households below the Self-Sufficiency Standard (54%), followed by Black persons (44%).²⁰

PERCENT BELOW SELF-SUFFICIENCY STANDARD IN MONTGOMERY COUNTY



HISTORICAL AND SOCIETAL DISCRIMINATION

This paper seeks to understand if homeless system may be achieving unequal outcomes for people of different races and perpetuating racial disparities. It is important to note that the homeless system operates within a social and historical context which continues to influence people's lives today. These forces and practices include:

²⁰ "Montgomery County CountyStat

- Redlining, where lenders deny a credit-worthy applicant a housing loan because the neighborhood is a minority or economically disadvantaged community;²¹
- Restrictive covenants, which are contractual agreements which restrict who can buy, sell, or rent property based on race;²²
- Blockbusting, where real estate brokers generated business by encouraging minority buyers to move into White neighborhoods to encourage more people to sell their homes; and²³
- Urban renewal programs, which both improved housing conditions for some as well as disproportionately displaced minority neighborhoods through federally-funded “slum clearance” efforts.²⁴

It is beyond the scope of this paper to fully explore the history of these practices in Montgomery County. Instead, two brief examples of these types of harmful and discriminatory practices in Montgomery County follow.

Silver Spring, the second most populous place in Montgomery County, was developed as a “sundown suburb.” This refers to a place where restrictive covenants made it impossible for Black persons to own or rent homes, and was considered unsafe for Black persons to be after dark. According to historian David Rotenstein, Silver Spring remained “almost exclusively white” due to “redlining, steering, and discrimination,” for two decades after the Supreme Court ruled restrictive covenants were unenforceable.²⁵

Samuel Lytton, a free person of color, founded Lyttonsville in Silver Spring in 1853. Many residents of Lyttonsville lacked running water and plumbing into the 1960s. Barred from living in most of Silver Spring, Lyttonsville was a close knit, primarily Black community. Urban renewal in the 1970s led to the destruction of most of the community’s historic buildings and cultural landscape.²⁶ Restrictive covenants and the destruction of historically Black neighborhoods shaped the housing market in which people today must navigate to obtain and maintain housing.

²¹ Mitchell, Bruce, and Juan Franco. “HOLC ‘Redlining’ Maps: The Persistent Structure of Segregation and Economic Inequality.” *NCRC*, 27 Mar. 2018, ncrc.org/holc/.

²² “1920s–1948: Racially Restrictive Covenants,” *The Fair Housing Center of Greater Boston*, <http://www.bostonfairhousing.org/timeline/index.html>.

²³ Ouazad, Amine, “Blockbusting: Brokers and the dynamics of segregation,” *Journal of Economic Theory*, May 2015, vol. 157 pp. 811–841, <https://www.sciencedirect.com/science/article/pii/S0022053115000393>.

²⁴ Robert K. Nelson and Edward L. Ayers, “Renewing Inequality,” *University of Richmond’s Digital Scholarship Lab*, <https://dsl.richmond.edu/panorama/renewal/#view=0/0/1&viz=cartogram&text=about>.

²⁵ Rotenstein, David S. “Protesting Invisibility in Silver Spring, Maryland,” *The Activist History Review*, 23 June 2017, https://activisthistory.com/2017/06/23/protesting-invisibility-in-silver-spring-maryland/#_ednref

²⁶ Shih, Karen. “For new Lyttonsville residents, an enlightening look at the past,” *The Gazette*, 20 Feb. 2008, http://www.gazette.net/stories/022008/wheanew212823_32370.shtml

DATA SOURCES

The data for this report comes primarily from two sources. One source is the Point-in-Time Count, a one-night snapshot of people experiencing homelessness. The U.S. Department of Housing and Urban Development (HUD) requires communities to conduct the count each year during one night in January. It includes people living both in homelessness programs such as emergency shelters, as well as people sleeping in outside, in cars, and in abandoned buildings. Point-in-Time Count data in this report is from 2016 unless stated otherwise.

The second primary data source is the Montgomery County Homeless Management Information System (HMIS). Communities are also required by HUD to collect information on people experiencing homelessness in a locally administered HMIS database. HMIS provides a more detailed picture of homelessness. HMIS includes information on where people stayed before entering the homeless system, how long they stayed in different program types, and where they went when they left. Communities report HMIS and Point-in-Time count data to HUD annually. This report also uses national data from the Point-in-Time Count and HMIS made available annually by HUD.

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The data on people identified as chronically homeless comes from the Montgomery County Master List. The list is an excel spreadsheet used by the County to identify and prioritize chronically homeless individuals for housing opportunities. The data on single adults in emergency shelter and street outreach comes from an Annual Performance Report (APR) pulled from HMIS.

ANALYSIS

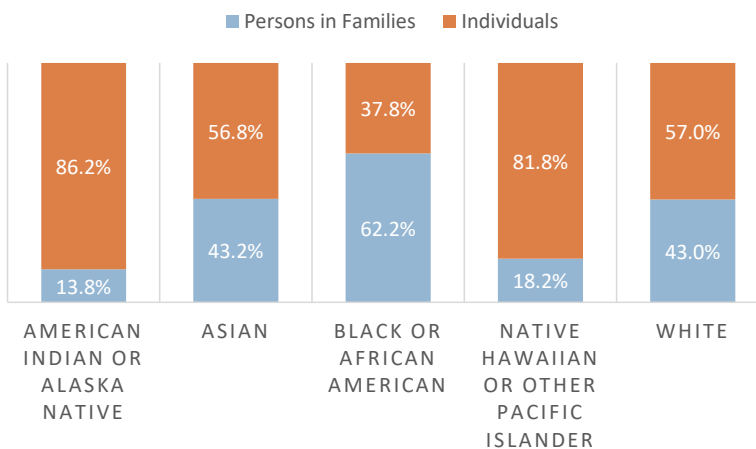
This section provides an analysis of the intersection of race and homelessness in Montgomery County. The following questions are explored:

1. Who experiences homelessness in Montgomery County?
2. Where do people stay before becoming homeless?
3. What does homelessness look like for different populations?
4. How successful is the County at ending homelessness for everyone?

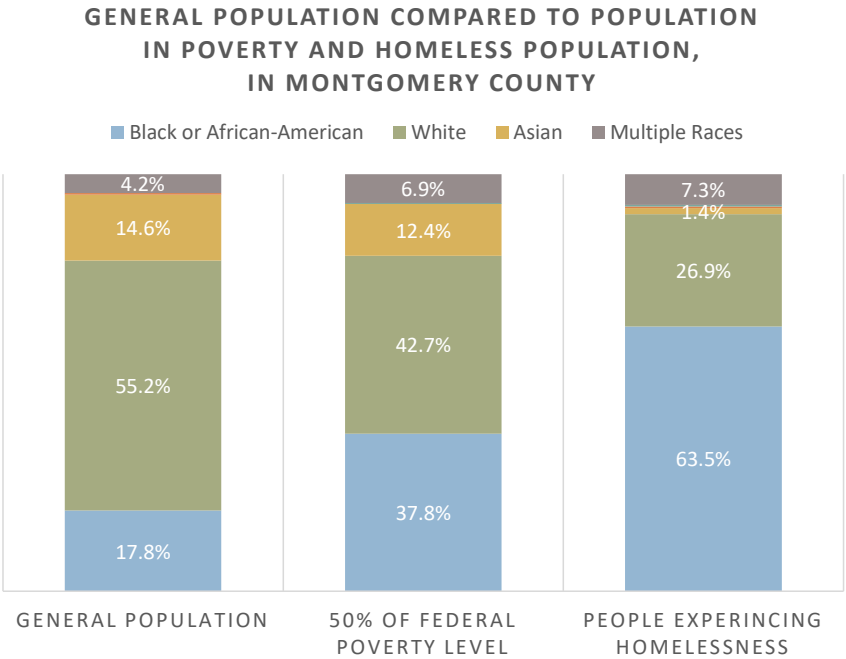
1. WHO EXPERIENCES HOMELESSNESS?

The racial makeup of the homeless population in Montgomery County has stayed relatively constant over the past three years. The majority of people experiencing homelessness in Montgomery County are Black, followed by White. American Indian or Alaska Natives and Native Hawaiian or Other Pacific Islanders make up a small percentage of people experiencing homelessness in the County. A larger percentage of Black persons in the County experience homelessness as part of a family than other groups. Of all people experiencing homelessness, 42.1% were Black members of family. In contrast, White members of a family made up 11% of total homeless persons in a given year. White and Asian persons more frequently experience homelessness as individuals.

**PERCENT OF GROUP EXPERIENCING
HOMELESSNESS AS AN INDIVIDUAL OR PART OF
A FAMILY**



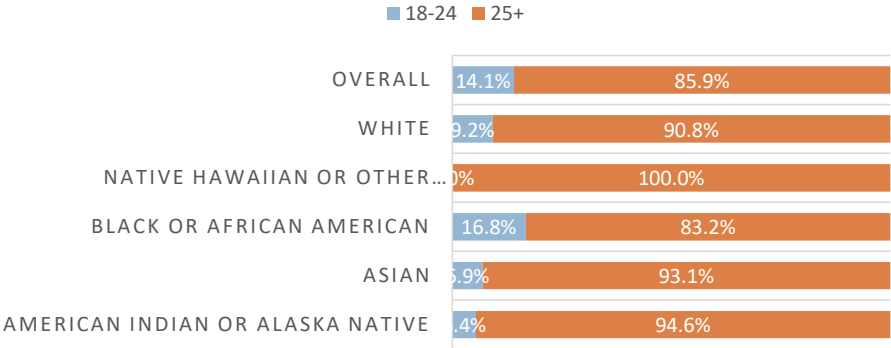
Black and Multi-Racial persons are over represented among people experiencing homelessness, even when taking poverty rates into account. White and Asian persons are underrepresented. The chart below compares the general population of Montgomery County to the population of people at 50% of the Federal Poverty Level, and people experiencing homelessness.



General Population from U.S. Census, Federal Poverty Level rates from 2012-2016 American Community Survey, rates of homelessness from 2016 Point-In-Time Count

Most people who experience homelessness in Montgomery County are over the age of 25 (86%). The highest rates of young adults experiencing homelessness are among Black persons (17%), followed by White persons (9%).

AGE OF PEOPLE EXPERINCING HOMELESSNESS IN MONTGOMERY COUNTY

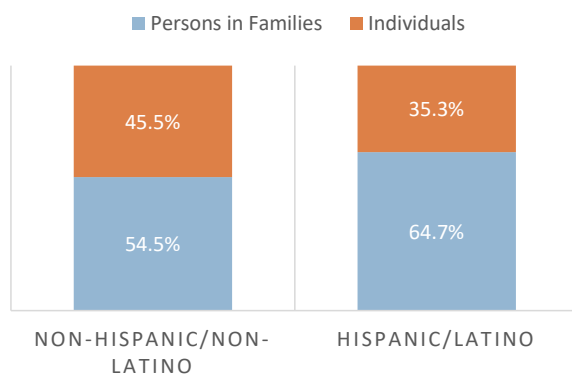


The overrepresentation of Black persons is greatest within the population of young adults experiencing homelessness. Black persons compose 78.9% of 18 to 24 year-olds, for a total of 582 persons counted in a year. This is similar to the findings of the Center for Social Innovation study of six cities. This report found Black people were most overrepresented among this group. This study also found individuals aged 18-24 were over three and a half times more likely to exit back into homelessness than people in families.²⁷

People who identify their ethnicity as Hispanic or Latino are underrepresented among people experiencing homelessness. Montgomery County’s population is 18.6% Hispanic or Latino, but 15.2% of the homeless population are Hispanic or Latino. The trend nationally is different. The U.S. population is 17.3% Hispanic or Latino, but the homeless population is 21.6% Hispanic or Latino. In Montgomery County, more Hispanic or Latino persons experience homelessness as part of a family than persons that do not identify as Hispanic or Latino.

²⁷ Olivet, Jeffrey et al. 10

PERCENT EXPERIENCING HOMELESSNESS AS AN INDIVIDUAL OR PART OF A FAMILY



The Center for Social Innovation found Hispanic or Latino groups were underrepresented in their sample. Researchers have hypothesized that Hispanic households experience homelessness at disproportionately lower rates due to a tendency to “double up” with family or friends.²⁸ Or, it may be an underestimate. Recent immigrants may be more likely to double up or live in substandard housing rather than enter the homeless system. People who are undocumented may avoid homelessness services out of fear of deportation. As a result, they may be undercounted in Point-in-Time count.²⁹ This may be a factor in Montgomery County. While data on undocumented immigrants is not available, the U.S. Census does estimate that 15.5% of households in Montgomery County were not U.S. citizens. Of these households, 43.3% indicated they were Hispanic or Latino.³⁰

Montgomery County is currently engaged in a community effort to end chronic homelessness called “Inside/Not Outside.”³¹ Chronic homelessness has a very specific definition, but generally refers to a person with a disability who has been homeless for over a year.³² The County has developed a “Master List,” which includes important information necessary to identify and

²⁸ Jones 140

²⁹ Olivet, Jeffrey et al. 4

³⁰ “Comparative Social Characteristics in the United States, 2012-2016 American Community Survey 5-Year Estimates.” U.S. Census Bureau

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

³¹ “Inside/Not Outside,” *Montgomery County*, <https://www.montgomerycountymd.gov/Homelessness/index.html>.

³² “Flowchart of HUD’s Definition of Chronic Homelessness,” U.S. Department of Housing and Urban Development, Nov. 2016, <https://www.hudexchange.info/resource/5181/flowchart-of-huds-definition-of-chronic-homelessness/>.

prioritize people experiencing chronic homelessness. At the time the Master List was provided for this analysis, it included 409 individuals, 381 which had already been placed into housing.

Over half of people experiencing Chronic homelessness in the County are Black (56.2%). But a higher proportion of chronically homeless people are White (39.1%) compared to the homeless population generally (26.9%). White and Black persons on the list had nearly identical rates of having already moved into housing (93%). A smaller percentage of Asian persons had moved into housing (83%). The chronic population has a higher proportion of Non-Hispanic/Non-Latino (12%) individuals than the general homeless population (18%). Chronically homeless individuals are more heavily male (64%) than the general homeless population in the County (52%).

ANALYSIS

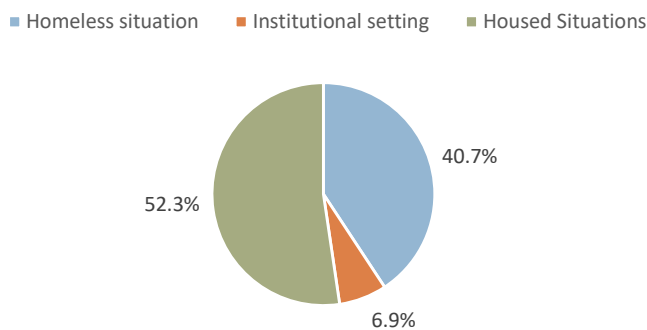
The County follows the national trend of overrepresentation of Black persons among people experiencing homelessness. Black families in particular are over represented. This may be the reason why young people aged 18-24 are majority Black. The County differs from national trend regarding Hispanic or Latino persons experiencing homelessness. Hispanic or Latino persons are underrepresented among homeless populations in the County. This may point to a need for more outreach to this community, or the need for greater insight about why these groups are not accessing homeless services.

2. WHERE DO PEOPLE STAY BEFORE BECOMING HOMELESS?

This section focuses on where people stayed before entering the homeless system. Understanding where people stayed immediately before entering homelessness can help inform how homelessness may have been prevented.³³ There are three broad categories of prior living situation: homeless, housed, or in an institution.

Over half of people experiencing homelessness in the County were in housing before entering the homeless system or program. Black persons had the highest rates of coming from a housed situation. Over half (55.1%) of Black persons came from housed situations compared to 45.3% of White persons and 48.7% of Asian persons.

PRIOR LIVING SITUATION OF PEOPLE EXPERINCING HOMELESSNESS IN MONTGOMERY COUNTY

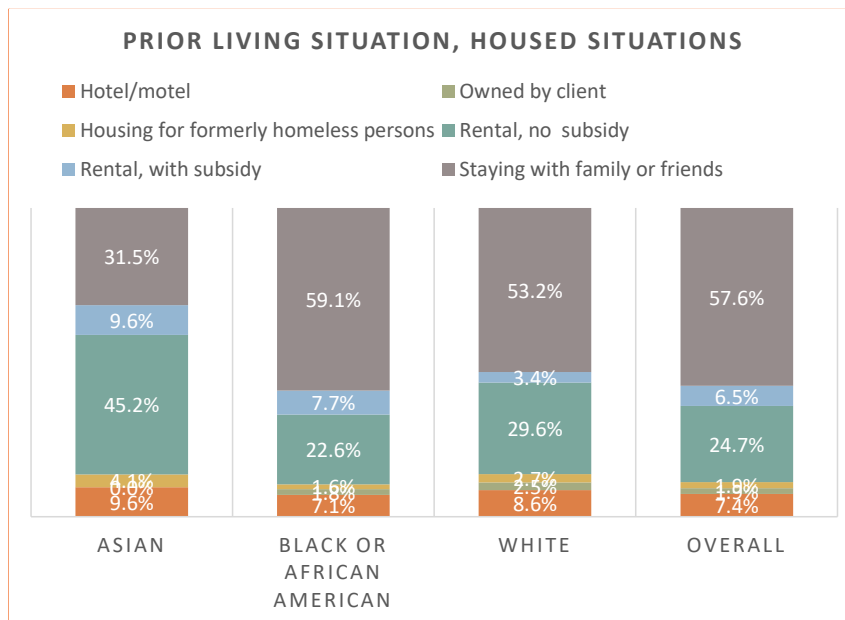


In the County, having stayed with family or friends is the most common prior living situation by far (57.6%). Doubling up with family or friends can be a smart economic decision from some low-income households. One study found mothers who double up save about \$4,640 per year on average.³⁴ But researchers have also linked doubling with negative outcomes, such as “marital arguments, marital instability, psychological distress, and tension between parents and children.” This is why people generally double up as a last resort, making it a common precursor to homelessness. One study in New Zealand found that a very small part of the population doubled up at some point (11%). But over half of people who doubled up also experienced

³³ For this measure, HMIS data from 2016 – 2017 was pulled for individuals entering any of the following program types: street outreach, emergency shelter, safe haven, or permanent housing. This counts every entry into each program type, and therefore counts people who entered more than one project multiple times. Despite this, the composition of populations is not skewed, meaning populations are counted multiple times at roughly the same rates.

³⁴ Pilkauskas, Natasha V. et al. “The Prevalence and Economic Value of Doubling Up,” *Demography*, 2014, pp. 1667-1676, DOI 10.1007/s13524-014-0327-4.

homelessness (59%), compared to just 1% of those who have never doubled up.³⁵ Black persons had the highest rate of having come from doubled up situation (59.1%). Black families came from this situation more often (61%) than Black individuals (57.7%) or White families (50.7%).



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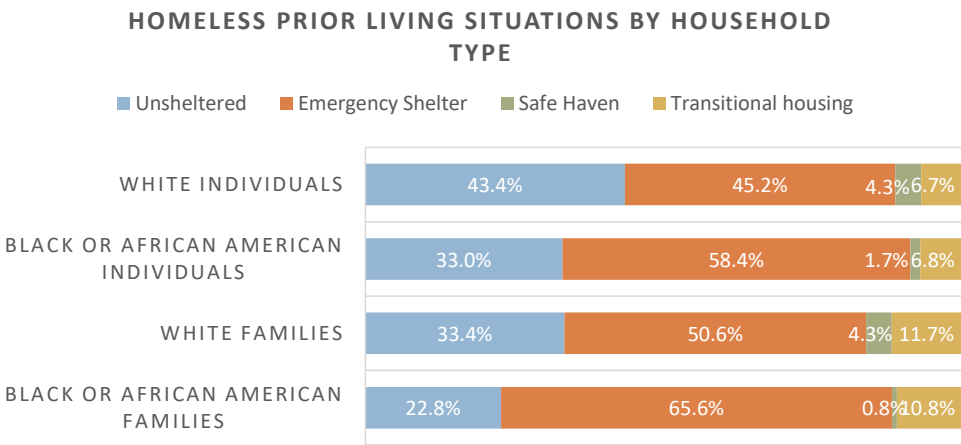
In Montgomery County, Black and White persons had similar rates of having come from an apartment they rented themselves. Asian persons had the highest rate of having come from housing they rented themselves than any other group (54.8%). Asian persons made up just 1.8% of persons coming from housed situations, so this may be skewed due to a small population size. Very few people who came from housed prior living situations came from a rental housing where they were receiving a rental subsidy of some kind (6.5%). Black persons were more likely to have come from a subsidized rental (7.7%) than white persons (3.4%).

While most people who enter the homeless system or program came from a housing, 40.7% came from another homeless situation. This includes people who moved from one homeless program to another and people who entered a homeless program from unsheltered situations. Most people entered the system from either emergency shelter (56.0%) or unsheltered locations (33.5%). It is not necessarily a bad thing for people to have a homeless destination as

³⁵ Entner Wright, Bradley R. et al. “Factors Associated with Doubled-Up Housing—a Common Precursor to Homelessness,” *Social Service Review*, vol. 72 no. 1, 1998, pp. 92-111, <https://www.jstor.org/stable/10.1086/515747>.

their prior living situation. For example, it would be positive for someone who was sleeping outside to enter shelter.

White individuals had the highest rates of having come from unsheltered locations. This aligns with the Point-in-Time Count, which also found White persons had a higher proportion of unsheltered persons than other populations. Black families had the highest rate of having come from an emergency shelter. These families may be moving from one shelter to another, or from shelter to another homeless program like transitional housing.

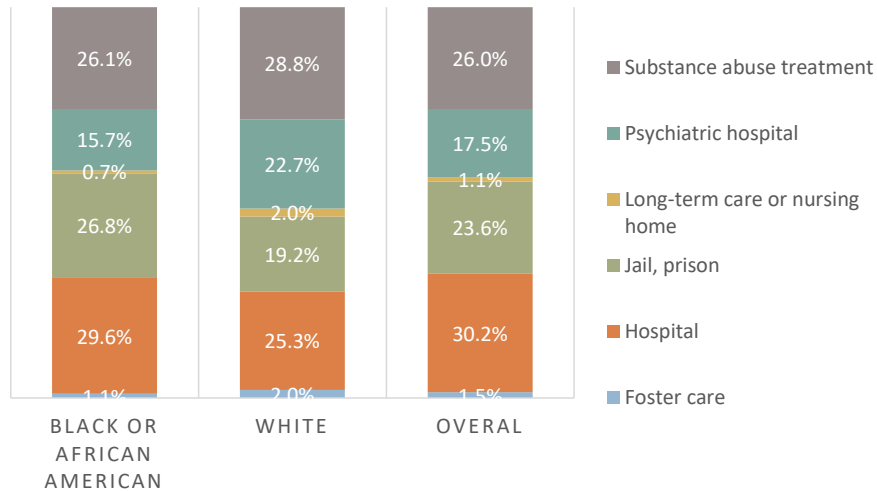


Very few people entered the homeless system from an institutional situation (6.9%). Institutional situations include hospitals, jails, and substance abuse treatment facilities. This is likely because the primary federal funding source for homelessness programs, the Continuum of Care program, restricts service providers from serving people coming directly from an institution where they remained for over 90 days.³⁶ Asian persons are not included in this analysis because this population had too few entries from this category. White persons had higher rates of coming from a psychiatric facility (22.7%) than Black persons (15.7%). Black persons were more likely to enter from jail or prison (26.8%) than White persons (19.2%). Most people entering from institutional destinations were single adults (74.7%).

Commented [AB3]: Includes jails? This explanation confused prof. Make it more clear?

³⁶ U.S. Department of Housing and Urban Development, “Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Rule” 24 CFR Part 578. https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

INSTITUTIONAL PRIOR LIVING SITUATIONS



ANALYSIS

One way to better target prevention resources is look at where people who are currently homeless came from before entering the system. The County Council budgeted \$6 million for homeless prevention and \$150,000 for homeless diversion in Fiscal year 2019.³⁷ These two program types offer similar services and financial assistance but are targeted to different groups. Prevention serves people who may become homeless in the future because they've received an eviction notice, for example. Diversion serves people who are requesting a shelter bed tonight because they have nowhere else to stay.

Prevention programs are typically targeted to people who rent their own apartments, while diversion programs are typically targeted at people who were staying with family or friends. The fact that not all populations enter homelessness from the same situations at the same rate raises important questions of equity. Black persons had higher rates of staying with family before becoming homeless than White persons. White persons had higher rates of renting their own apartment before becoming homeless. These differences are important to consider when evaluating how to allocate funds to prevention and diversion programs.

³⁷ "Special Needs Housing – Prevention Program," Montgomery County Operating Budget, <https://apps.montgomerycountymd.gov/BASISOPERATING/Common/Program.aspx?ID=SNS&PROGID=P61P08>.

Black persons had the highest rate of having come from doubled up situation. Black families and individuals have a support network they rely on when facing a housing crisis. But for some reason these situations fall apart and they seek support from the homeless system. One possible explanation for this is “network impoverishment.” The Center for Social Innovation coined this term, and found that Black focus group participants felt the instability of their social networks was a contributing factor in their homelessness. Network impoverishment leads to homelessness not because someone’s friends or family are unwilling to support someone at-risk of homelessness, but because they are able to due to their own financial or other hardships.³⁸

Commented [AB4]: Back this up with some data perhaps about inherited wealth or net worth or something? Prof wants to know what the degree of “network impoverishment” is among Whites.

Once in shelter, Black families appear to move between shelters and within the homeless system more than other groups. Black single adults also had higher rates of entries from Emergency Shelter than White single adults. This finding raises more questions than it answers. There are a few reasons why someone would have an entry from an emergency shelter. People may be moving from

- A shelter to a transitional housing or safe haven program;
- A winter overflow shelter to a year-round shelter;
- A domestic violence shelter to a non-domestic violence shelter;
- A motel where they received a shelter voucher to an emergency shelter; or
- An emergency shelter from a different jurisdiction (such as DC).

It is possible to consider positive and negative reasons for all these potential causes of mobility.

People entering from institutional situations align with research which proposes that Black persons are more likely to experience homelessness due to “external” factors such as economic problems. In this case, the “external” factor is the racial disparities that exist within the criminal justice system. “Internal” factors such as mental illness are said to be more frequently the cause of homelessness among White persons.³⁹

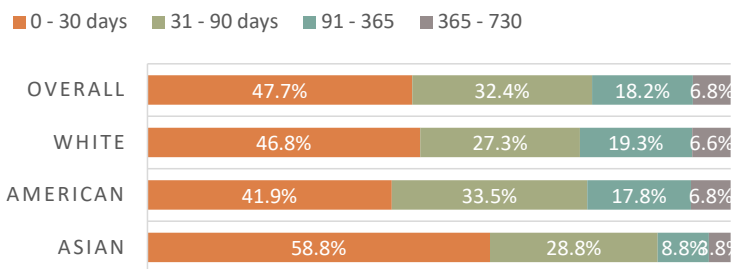
³⁸ Olivet et al. 12

³⁹ Jones 140

3. WHAT DOES HOMELESSNESS LOOK LIKE FOR DIFFERENT POPULATIONS?

This section explores how the experience of homelessness differs by population. It focuses on how long people remain homeless, and where they experience homelessness. The length of time people stayed in the homeless system did not vary much by race.⁴⁰ Asian persons had a different trend, staying for shorter periods of time than other populations. Although the small number of persons included in this population may be skewing this trend. Families and individuals of different populations had very similar lengths of stay.

LENGTH OF STAY IN HOMELESSNESS



The length of time it takes populations to locate permanent housing does vary among the chronically homeless population. Montgomery County is working to house every person identified as chronically homeless. Due to this initiative, detailed information is available for this population.

Chronically homeless individuals by definition have been homeless for a long period of time. On average, five years had elapsed from when a chronically homeless individual in the County first contacted the homeless system to their entry into housing. Once the County assigned these individuals to a housing provider, however, providers are able to house them quickly - in an average of 76 days. These averages differ by race. It took an average of 80 days to house Black individuals once assigned to a housing provider, but 72 for White and 55 days for Asian individuals.

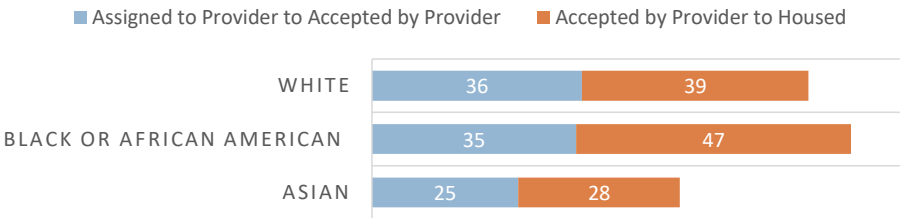
There are two periods included in the average length of time to housing. First, how long it takes for homeless service providers to accept individuals into their program. And second, how long it takes to house someone once accepted. It takes homeless service providers roughly the same amount of time on average to accept White and Black individuals. Providers accept Asian

⁴⁰ The data for this measure comes from HMIS and includes people who exited the homelessness system over the past two years. Some people had longer lengths of stay than this and are therefore not included in this analysis.

individuals much more quickly, an average of ten days less. There are only 12 Asian persons identified as chronically homeless in this dataset compared to 230 Black and 130 White persons. These small numbers may skew the data.

The slowdown for Black individuals is almost entirely in the length of time it takes to locate housing. Once accepted into a program, it is taking homeless service providers more time on average to locate housing for Black persons than for White persons.

AVERAGE NUMBER OF DAYS TO HOUSE CHRONICALLY HOMELESS INDIVIDUALS



One reasons it takes over a month on average to house Chronically homeless individuals is it is difficult to convince landlords to rent to this population. People who have been homeless for a long time likely lack a positive rental history, and may have a criminal history or bad credit. Unfortunately, the available data does not include information about these barriers to housing.

The County does track scores on an assessment tool which used to prioritize chronically homeless individuals for assistance.⁴¹ The assessment tool includes questions that relate to housing barriers such as outstanding legal issues, income, and employment. The assessment tool is a rough approximation of housing barriers, as most of the information used to calculate someone’s score would not be revealed to a landlord. White persons had higher average assessment scores than Black persons. This may indicate that White persons looked the same if not worse on rental applications as Black persons. Asian persons had lower average scores than other populations, which may explain why providers housed individuals more quickly on average.

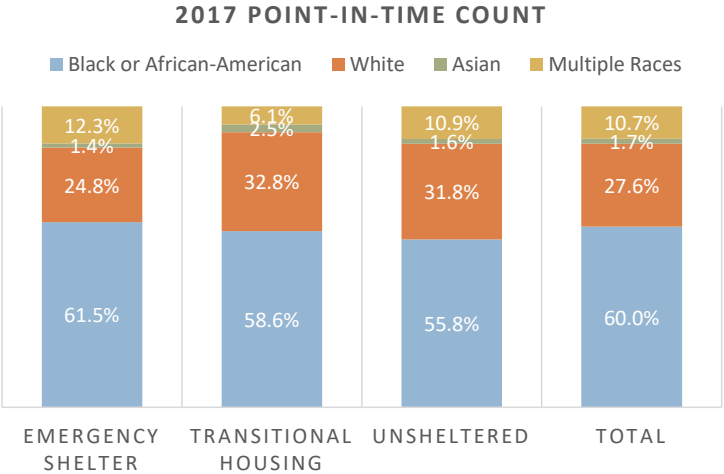
Another area of interest is where people stay while homelessness. Examining where people receive services while homeless can illuminate bias within referral practices or program screening criteria. Unfortunately, little data was made available to inform this analysis. For example, Montgomery County operates a centralized system for assessing and referring

⁴¹ Montgomery County uses a tool called the VI-SPDAT. More information on this tool is available here: <http://org-beehivegroupcadev.nationbuilder.com/spdat>.

families to different service providers based on their needs. Examining data on how rates of referral to different program types differs by population would be a useful exercise. But this information was not available for this assessment.

The Point-in-Time Count does record where people were during a single night in January. It includes the locations of people who are “sheltered” during the night of the count in either Emergency Shelter or Transitional Housing. It also counts people who are “unsheltered,” which includes sleeping in the street, in cars, or abandoned buildings. Unlike other data used in this analysis, the Point-in-Time Count includes a category for people who identify as multi-racial.

Most populations were in a sheltered location during the count at roughly equal rates. White persons were more likely than other persons to be in unsheltered locations. White persons composed up 27.6% of the homeless population counted, but 31.8% of the unsheltered homeless population. This aligns with nation-wide Point-in-Time Count estimates, where White persons have much higher rates of unsheltered homelessness (40.8%) than Black persons (25.5%).⁴²



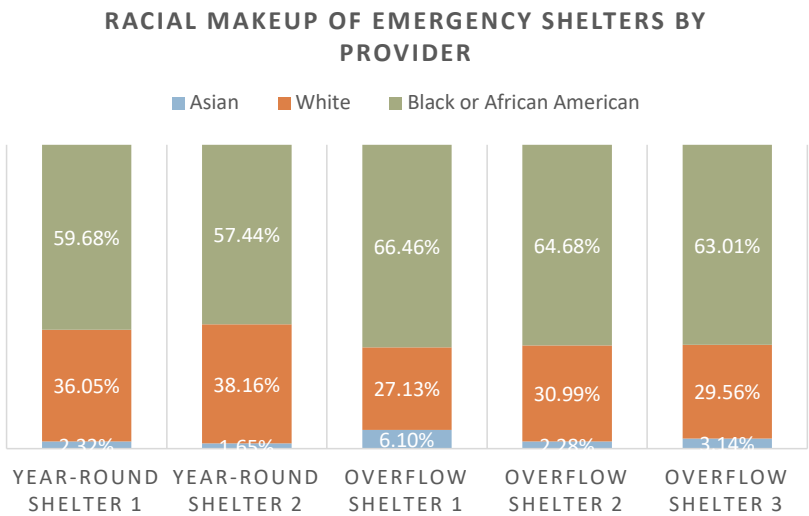
The Point-in-Time count can be dependent on the weather as well as changes in counting method. The percentage of White persons that are unsheltered has remained stable during the last three counts. But the percentage of Black persons who were unsheltered jumped

⁴² “HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Persons and Subpopulations” U.S. Department of Housing and Urban Development, Dec. 2017, https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2017.pdf.

dramatically in 2017. In 2016, 6.6% of Black persons counted were in unsheltered locations, but this rate increased to 13.5% in 2017.

This section looks at the location of single adults in shelter or street outreach.⁴³ Single adults in emergency shelter represent half of all persons experiencing homelessness in the County according to the 2017 Point-in-Time Count. The majority of individuals in shelter or street outreach during the report year period were Black (58.7%). White individuals composed 30.7% of individuals in shelter, and 2.4% were Asian.

Year-round, the County has primarily one woman’s and one men’s emergency shelter. In the winter the County opens more shelters to accommodate the increase in people seeking shelter during that time. The graph below illustrates the racial makeup of different emergency shelters by provider. While the racial makeup does not vary much by provider, it does appear that overflow shelters serve higher rates of Black individuals than the year-round shelters.



ANALYSIS

Regarding the length of time people experience homelessness, it appears White chronically homeless individuals are moving to permanent housing faster than Black individuals. But it is not clear why. LaTrecia Jones is the Housing Coordinator for Montgomery County. Her role is to

⁴³ The dataset provided includes 1,513 single adults in shelter and street outreach between July 2017 and July 2018. This timeframe is slightly different than the other data presented in this report.

build relationships with landlords and encouraging them to rent to homeless individuals. In an interview, LaTrecia noted it is much more difficult to convince a landlord to rent to someone with a criminal background than other types of housing barriers. She felt the difference in length of time was due to the higher prevalence of criminal records among Black persons.⁴⁴

Data from the County supports LaTrecia's experience. As discussed in the previous section, Black persons had higher rates of coming from jail, prison, or juvenile detention facilities before entering homelessness programs than White persons. Black persons represent 60.4% of all entries from this prior living situation. In Montgomery County, as in the rest of the US, there are large racial disparities in incarceration rates. According to the Vera Institute, in 2015 Black households made up 47.2% of the jail population in the County, despite representing 19.1% of the County's population.⁴⁵

Black individuals have higher rates of using overflow shelter than year-round shelter. This is surprising as winter overflow shelters are meant to ensure people do not have to sleep outside during temperatures that could lead to hypothermia. White persons make up a disproportionate percent of the unsheltered population in the County. If winter overflow shelters were serving people who would otherwise be unsheltered, why are they serving a higher percentage of Black individuals than year-round shelters? This question requires further analysis.

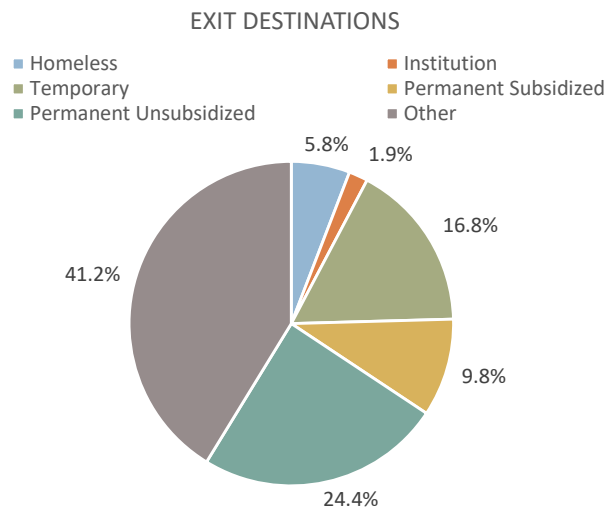
⁴⁴ Jones, LaTrecia. Personal Interview. 2 Aug. 2018.

⁴⁵ "Incarceration Trends," *Vera Institute*, <http://trends.vera.org/rates/montgomery-county-md?incarceration=disparity>

4. HOW SUCCESSFUL IS THE COUNTY ENDING HOMELESSNESS FOR EVERYONE?

The ultimate goal of the homeless system is to quickly return everyone who experiences homelessness back to permanent housing, and ensure they do not become homeless again. This section examines how the County is measuring up to this goal for all populations. The previous section addressed the “quickly” part of this goal. This section will focus on exits to permanent housing and returns to homelessness.⁴⁶

Unfortunately, it is not clear how many people are successfully exiting to permanent housing in the County. The most common exit destination among all persons is the “Other” category (41.2%). This category is primarily composed of different classifications of missing data, such as when program staff do not conduct an exit interview, or the data was not collected for some other reason. For close to half of exits from the system, there is no data on where people went when they left.



Individuals have much higher rates of exiting to other destinations (63.5%) than families (21.5%). Missing data is most common among single adults exiting emergency shelter. In 2016, 78% of single adults exiting emergency shelter exited to other destinations. The County’s use of overflow winter shelters exacerbates this issue. Overflow shelters are designed to be a safe place to sleep during cold weather, and often provide very minimal services. Shelter staff have

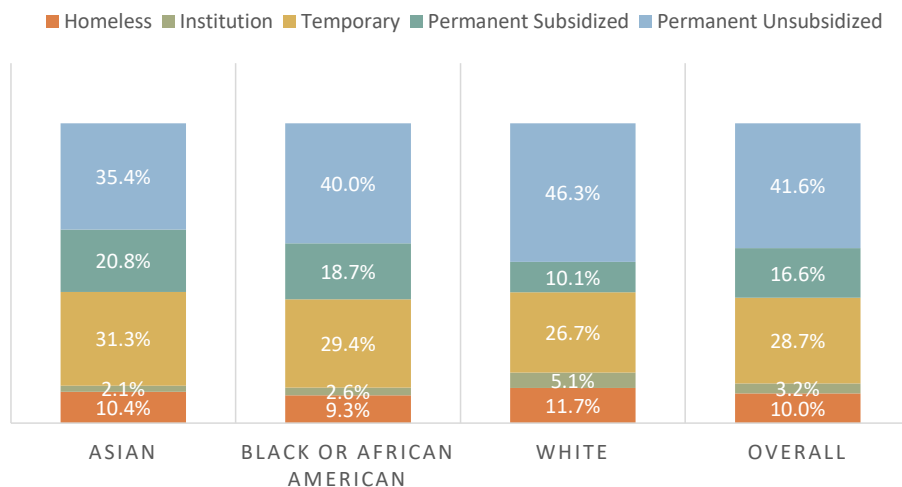
⁴⁶ This section uses HMIS data from 2016 – 2017 for people exiting the homeless system. This counts every exit, including people who exited one emergency shelter for another emergency shelter, for example. Despite this, the composition of persons is not skewed, meaning persons are counted multiple times at roughly the same rates.

difficulty collecting accurate data on where people go when they leave. One hypothermia shelter, for example, recorded 94.7% of all exits to “other” destinations.

Excluding the “Other” category of exits reveals more information about differences between populations. The bottom three categories in the chart below are generally considered negative exits: exits back to homeless destinations, into an institution, or to a temporary destination. The top two categories, permanent subsidized and permanent unsubsidized housing are positive exits.⁴⁷

Most populations had roughly equal rates of exits to positive destinations, between 56% and 58%. Black persons had high rates of positive exits, composing 72.9% of all positive exits. This may not be an accurate reflection of outcomes among Black individuals in particular. Single adults leaving Emergency Shelter, particularly overflow shelters, have the highest rates of exits to unknown destinations, and the majority of people in these shelters are Black.

EXIT DESTINATIONS EXCLUDING "OTHER"



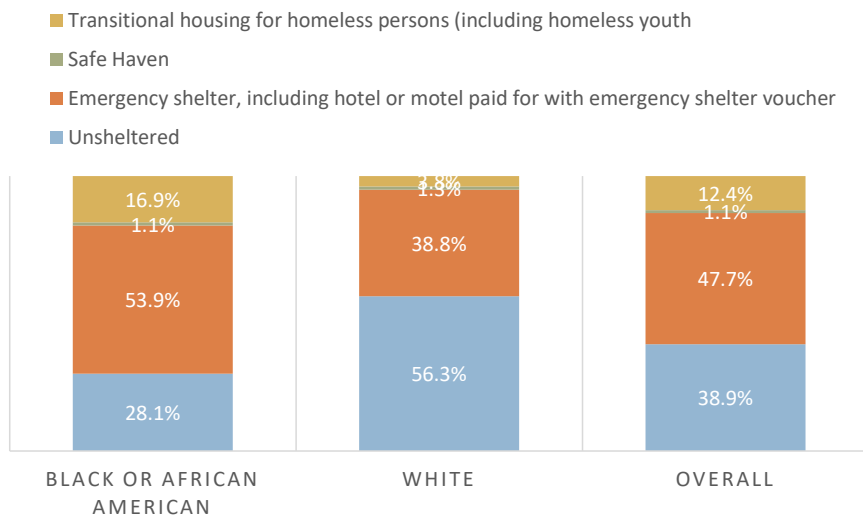
Just 3.2% of people exit the system to institutional destinations. The most common institutional destinations were non-psychiatric hospitals (27 exits), and jail or prison (23 exits). Most of the people who exited to institutions were single adults, 58.8% were Black and 41.1% were white.

⁴⁷ “System Performance Measure 7: Destination Classification,” U.S. Department of Housing and Urban Development, March 2016, <https://www.hudexchange.info/resource/4966/system-performance-measure-7-destination-classification/>.

Few people in general exited the system to homeless. This destination makes up just 10% of known exits. This may be due to data quality issues. It is likely many of the exits to “other” destinations are actually to homeless destinations. White persons had the highest rate of exits back into homelessness. Families and individuals fared differently. Individuals exited back into homelessness at a much higher rates than families.

Exiting to a homeless destination could mean moving into homeless services program. This is not always negative. For example, it would be a good thing for someone who was previously unsheltered to move into transitional housing. This is because they would be sheltered and presumably the program would help them get permanent housing. One homelessness destination is always negative: unsheltered homelessness. Unsheltered homelessness is associated with premature death and poor mental and physical health.⁴⁸ White persons had much higher rates of exiting to unsheltered homelessness (56.3%) than Black persons (28.1%).

HOMELESSNESS DESTINATIONS



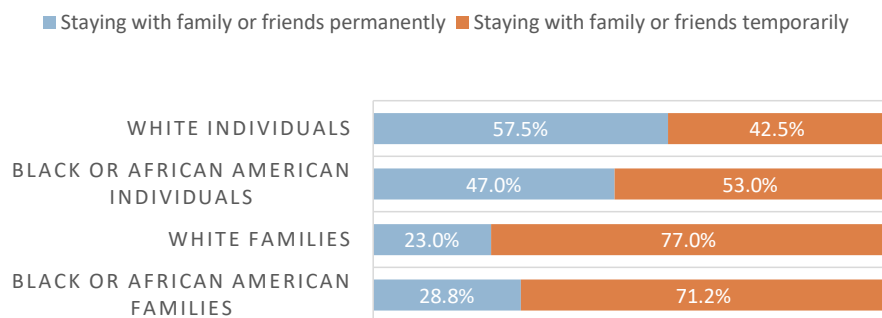
Temporary destinations accounted for 28.7% of all exits. Temporary destinations include staying with family and friends temporarily, renting a hotel or motel, and staying in a halfway house. Most exits to temporary destinations are to stay with family or friends (88.6%). There

⁴⁸ Montgomery, Ann Elizabeth et al. “Homelessness, Unsheltered Status, and Risk Factors for Mortality: Findings From the 100,000 Homes Campaign.” *Public Health Reports* 131.6 (2016): 765–772. *PMC*. DOI: 10.1177/0033354916667501

are two exit destinations regarding family and friends available to staff conducting exit interviews: staying with family or friends permanently, or staying with family or friends temporarily. There is often not a clear distinction between staying with family and friends permanently and staying with them temporarily. Most of the time these situations are judged to be temporary (67.3%).

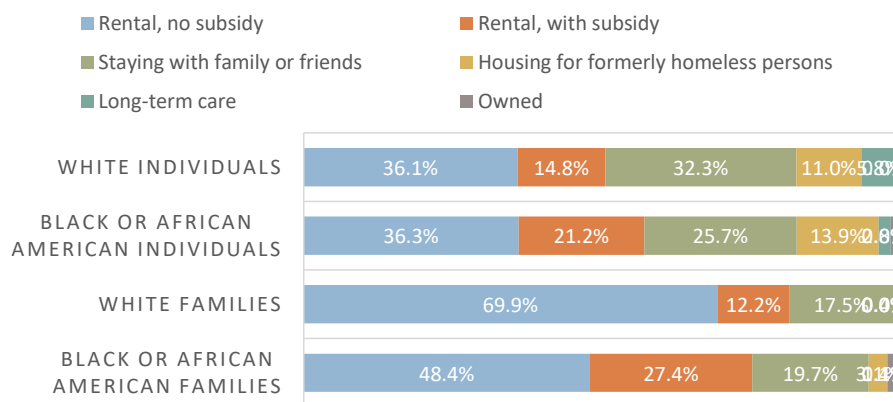
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PERCENT STAYING WITH FAMILY OR FRIENDS PERMANENTLY AND TEMPORARILY



Single adults had much higher rates of staying with family or friends permanently than families. Over half of exits to this destination among White individuals were deemed to be permanent. White families, on the other hand, had a much higher rate of exits to family and friends deemed temporary.

PERMANENT HOUSING DESTINATIONS, BY HOUSEHOLD TYPE



When people exit to permanent housing, they most often rent and apartment without the support of a subsidy (48.2%). White persons were more likely to exit to this destination than Black persons. White families in particular had high rates of exits to a rental without a subsidy (69.9%) when compared to Black families (48.4%) and individuals of either race.

Among people experiencing Chronic homelessness, most who have been placed in housing moved into Permanent Supportive Housing programs. Permanent Supportive Housing is an intervention that pairs a permanent housing subsidy with supportive services, and is often held up as the solution to Chronic Homelessness.⁴⁹ White chronically homeless individuals had slightly higher rates of being placed in Permanent Supportive Housing. Black persons were twice as likely as White persons to rent their own apartment. White persons had much higher rates of staying with family (3.1%) than Black persons (0.9%).

PERMANENT HOUSING EXIT DESTINATIONS, CHRONICALLY HOMELESS INDIVIDUALS

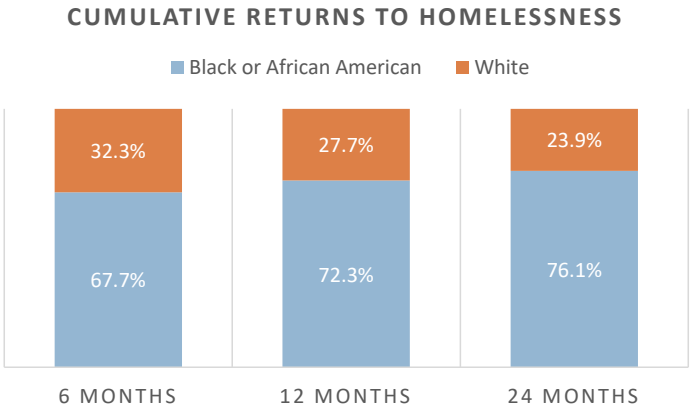
HOUSING TYPE	Asian	Black or African American	White
Housing Choice Voucher	0.0%	2.3%	1.3%
Permanent Supportive Housing	91.7%	89.2%	92.5%
Long-Term Care Facility or Nursing Home	0.0%	2.3%	0.6%
Rental by Client	8.3%	5.0%	2.5%
Housed Without Assistance ("Self-Resolved")	0.0%	0.5%	0.0%
Staying with Family Permanently	0.0%	0.9%	3.1%

Helping people exit homelessness back to permanent housing is an important achievement. The ultimate goal of the homeless system, however, is to ensure people do not become homeless again. The Montgomery County homeless system appears to be successful in this regard. Once

⁴⁹ "Permanent Supportive Housing," *National Alliance to End Homelessness*, <https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>.

people exit to permanent housing, very few become homeless again.⁵⁰ It is important to note that it is difficult to measure returns to homelessness accurately. The available data only represents people who left the Montgomery County homelessness system for permanent housing, and later returned to homelessness again in Montgomery County. The County is part of the DC metropolitan region, getting to DC or Virginia is as easy as hopping on the metro. It is possible some people became homeless in other surrounding states, and are not captured in this measure of returns.

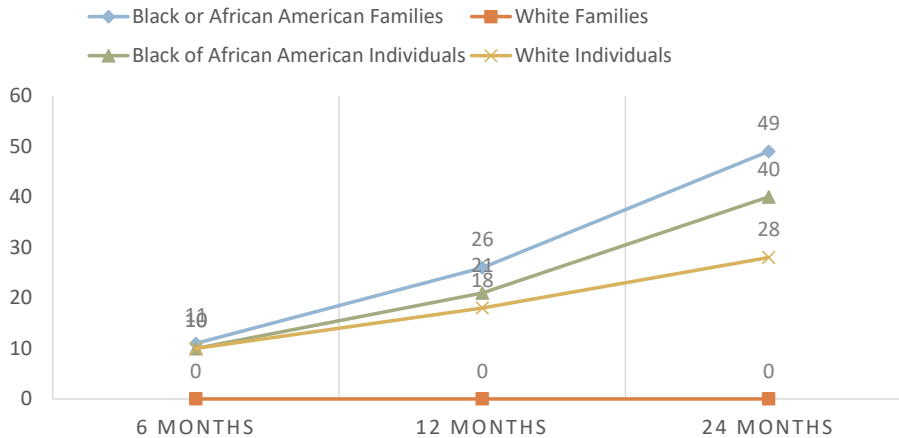
The majority of people who do return to the Montgomery County homeless system within two years are Black. In the first six months after exiting the homeless system to permanent housing, 67.7% of people who returned to homelessness were Black (21 persons). After two years, 76.1% of people who returned were Black (89 persons).



Families of different races diverge in how frequently they return to homelessness. Black families had the highest rate of return, composing 41.9% of all returns after 24 months. No White families returned during this time period. More Black individuals returned than White individuals.

⁵⁰ This section uses data for persons who exited the Montgomery County homeless system between 7/1/15 and 7/1/17 who entered the homeless system again between 7/1/17 and 6/30/18.

CUMULATIVE RETURNS TO HOMELESSNESS



ANALYSIS

Unfortunately, the available data does not provide a clear picture of whether or the Montgomery County homeless services system is successfully accomplishing its goal of housing everyone experiencing homelessness. While just 10% of known exits are to homeless destinations, it is likely many of the exits to unknown destinations are exits to homelessness. This obscures the picture of how successful exits back into permanent housing vary by race. This is particularly true of single adults because the majority of unknown exits are from single adult shelters, which serve a higher proportion of Black individuals than other program types.

When people do exit to permanent housing, a little under a quarter of people leave the homeless system to stay with family or friends. Families and individuals fared differently, with Black families more frequently exiting to this destination than White families, but Black individuals exited less frequently to this destination than White individuals. This complicates the idea of “network impoverishment” mentioned earlier. This theory proposes Black persons have friends and family who want to help, but are unable to, while White persons are able to rely on well-resourced friends and family who can support them. Perhaps members of a network are more likely to accept a family with minor children, even if this strains the household’s resources, than an individual adult.

Very few people return to homelessness after being housed. It is concerning, however, that Black and White families have such divergent rates of return. It is unclear why the majority of returns to homelessness are among Black families.

RECOMMENDATIONS AND CONCLUSION

The National Alliance to End Homelessness recommends communities begin to address racial disparities by examining data. This paper has examined information on people experiencing homelessness in the County to answer four key questions:

1. Who experiences homelessness in Montgomery County?
2. Where do people stay before becoming homeless?
3. What does homelessness look like for different populations?
4. How successful is the County at ending homelessness for everyone?

The results clearly indicate that there are racial disparities among people experiencing homelessness in the County. What is not always clear, however, is what the solutions to racial inequities are. While some recommendations are included below, they are modest in scope considering the urgency of the issue at hand. This reflects the limited data available for this analysis, as well as the state of the field in general.

Little guidance is available for communities regarding how to begin addressing the challenges they find once they've examined their data. Despite the Center for Social Innovation's leadership on the issue of racial disparities among people experiencing homelessness, the group's landmark report made only brief recommendations. These include:

- Training for homeless services staff on racism;
- Professional development for leaders of color in the homeless sector;
- Creation of positions dedicated to creating equity-based responses to homelessness;
- Greater diversity on boards of directors;
- Enforcement of fair housing protections;
- Development of new affordable housing; and
- Representation for people facing evictions.⁵¹

To better understand how to address racial inequities within the homelessness system, Montgomery County should use this analysis as a base from which to gather further information. This report has highlighted many areas which require further analysis. Recommendations for further research include:

- **Evaluate outreach efforts to the Hispanic and Latino community.** Hispanic and Latino groups experience homelessness at lower rates. The County should evaluate if outreach and engagement efforts are reaching Hispanic and Latino persons. The County should

⁵¹ Olivet 19

determine if there are barriers to this population seeking services and seek to remove them.

- **Examine program and project-level data.** This analysis focused on how the homeless system achieved differential outcomes for people of different populations. Further analysis is needed to understand how program-types and projects are serving different populations.
- **Assess the use of winter overflow shelters.** Winter overflow shelters serve a greater percentage of Black persons than year-round shelter. This trend is concerning because Overflow shelters offer minimal services or support, which may hinder the ability of the individuals in these programs to access housing. The County should examine if there are barriers within year-round shelters that make it more difficult for Black persons to access them.
- **Investigate returns to homelessness.** Very few people return to homelessness in the County once they've obtained permanent housing. It is concerning, however, that a higher number of Black persons, particularly Black families, return compared to White individuals and families. The County should study the circumstances that led to these returns. Additionally, the County should consider collaborating with adjacent communities to improve return data. By sharing data with neighboring communities, that County will gain a more accurate picture of returns to homelessness.

Programmatic and Policy recommendations include:

- **Engage people with lived experience of homelessness in the change process.** This report does not include the insights of people who are currently or have previously experienced homelessness. People with lived experience can provide valuable insight. Future efforts should engage people with lived experience as partners in addressing racial bias and inequities within the homeless system.
- **Strengthen support networks.** Black persons have higher rates of coming from staying with family or friends before becoming homeless than other groups, but return to family or friends at lower rates. The County should consider how prevention and diversion resources can be used to strengthen these support networks to prevent people from having to enter the homeless system in the first place. The County should also review how rapid re-housing and other rental assistance programs support people to move back with family and friends when safe and appropriate.
- **Explore alternatives to winter overflow shelter.** The County should explore if winter overflow shelters are the best use of resources, considering there is little evidence of their effectiveness at resulting in housing outcomes.
- **Build strong relationships with landlords.** Most known exits from the homeless system are to unsubsidized rental apartments. Clearly, landlords are a critical partner for the

homeless system. This report suggests it may be difficult for individuals with a criminal background to obtain housing. The County should seek to improve relationships with landlords to ensure that everyone, particularly those with a criminal record, is able to quickly exit to housing. Additionally, the County should consider establishing a landlord insurance fund. These funds encourage landlords to accept individuals perceived to be riskier tenants by providing reimbursement in the case of damage to a unit above and beyond a security deposit.